

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

12888



7 - PROCEDURES

000001

RUN DATE: 12/27/97
RUN TIME: 1731

PAGE 1

INPATIENT CUMULATIVE SUMMARY REPORT

Name: [REDACTED] Age/Sex: 41/F
Acct#: [REDACTED] Reg: 12/25/97
Att Dr: [REDACTED] Dis:

Location: [REDACTED]
Rm/Bed: [REDACTED]
Status: [REDACTED]

HEMATOLOGY
COMPLETE BLOOD COUNT

Date	Time	WBC [4.5-11.0] 10 ³ /ul	RBC [3.5-5.9] X10 ⁶ /ul	HGB [12.0-16.0] g/dl	HCT [37.0-47.0] %	MCV [80.0-99.0] fl	MCH [27.0-31.0] pg	MCHC [33.0-37.0] g/dl	RDW-CV [11.5-14.5] %	PLT [130-400] X10 ³ /ul
12/25/97	1010	11.7 H	4.56	14.1	41.3	90.4	31.0	34.3	12.2	336.0

Date	Time	MPV [6.0-12.0] fl	NEUTROPHILS [40-75] %	LYMPH [20-50] %	MONO % [0-10] %	EOS [0-3] %	BASO [0-1] %
12/25/97	1010	8.4	85.0 H	10.1 L	4.5	0.0	0.40

SPECIAL HEMATOLOGY

Date	Time	ESRWI [0-20] MM/HR
12/25/97	1010	2

** CONTINUED ON NEXT PAGE **

000002

RUN DATE: 01/09/98
RUN TIME: 1623

CUMULATIVE SUMMARY

PAGE 1

Name:	[REDACTED]	Age/Sex:	41/F	Location:	[REDACTED]
Acct#:	[REDACTED]	Reg:	12/29/97	Rm/Bed:	[REDACTED]
Att Dr:	[REDACTED]	Dis:		Status:	[REDACTED]

HEMATOLOGY
SPECIAL HEMATOLOGY

Date	Time	ESR WEST. [0-20] MM/HR
01/08/98	0600	5

000003

* CONTINUED ON NEXT PAGE **

RUN DATE: 02/07/98
RUN TIME: 1531

CUMULATIVE SUMMARY

PAGE 1

Name:	[REDACTED]	Age/Sex:	41/F	Location:	[REDACTED]
Acct#:	[REDACTED]	Reg:	02/05/98	Rm/Bed:	[REDACTED]
Att Dr:	[REDACTED]	Dis:		Status:	[REDACTED]

HEMATOLOGY
COMPLETE BLOOD COUNT

Date	Time	WBC [4.5-11.0] 10 ³ /ul	RBC [3.5-5.9] X10 ⁶ ul	HGB [12.0-16.0] g/dl	HCT [37.0-47.0] %	MCV [80.0-99.0] fl
02/05/98	1521	7.6	4.85	15.1	43.9	90.6

Date	Time	MCH [27.0-31.0] pg	MCHC [33.0-37.0] g/dl	RDW-CV [11.5-14.5] %	PLT [130-400] X10 ³ /ul	MPV [6.0-12.0] fl
02/05/98	1521	31.1 H	34.3	12.2	237.0	8.8

Date	Time	NEUTROPHILS [40-75] %	LYMPH [20-50] %	MONO % [0-10] %	EOS [0-3] %	BASO [0-1] %
02/05/98	1521	78.1 H	16.6 L	4.6	0.4	0.30

SPECIAL HEMATOLOGY

Date	Time	ESR WEST. [0-20] MM/HR
02/06/98	0500	8

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CONTINUED ON NEXT PAGE **

Patient: [REDACTED]

Med. Rec. No. [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

HEMATOLOGY

COLLECTION DATE 02/26/98 02/22/98 02/11/98

COLLECTION TIME 0559 0920 0740

REFERENCE

COMPLETE BLOOD COUNT

WBC	4.0-11.0 /CMM	14.8Hf	10.0	6.4
RBC	4.20-5.40 /CMM	4.48	4.18L	4.38
HGB	12.0-16.0 G/DL	13.4	12.6	13.5
HCT	37.0-47.0 %	40.0	37.8	39.5
MCV	80-100 U3	89	90	90
MCH	27.0-31.0 UUG	29.9	30.0	30.8
MCHC	32.0-36.0 %	33.5	33.3	34.2
RDW	11.5-14.5 %	12.3	12.3	12.3
PLT CNT	140-440 /CMM	347	241	197
MPV	7.4-10.4 FL	7.9	8.0	7.9
Neut, Absolute	1.4-6.5 CMM	12.7H	6.8H	4.3
Lymph, Absolute	1.2-3.4 CMM	1.5	2.4	1.4
Mono, Absolute	0.1-0.6 CMM	0.6	0.6	0.5
Eosin, Absolute	0.0-0.7 CMM	0.0	0.1	0.1
Baso, Absolute	0.0-0.2 CMM	0.0	0.1	0.1
Neut %	42.2-75.2 %	85.3H	68.2	67.1
Lymph %	20.5-51.1 %	10.3L	24.1	22.3
Mono %	1.7-9.3 %	4.0	6.2	7.5
Eosin %	0.8-5.0 %	0.3L	0.8	2.0
Baso %	0.0-0.8 %	0.1	0.7	1.1H

MANUAL DIFFERENTIAL

Segs	30-70 %	82H	82H
Bands	0-6 %	2	3
Lymphocyte	20-50 %	10L	10L
Monocyte	3-8 %	6	5
Eosinophil	0-5 %	0	
Basophils	0-1 %	0	
Platelet Estim		NORMAL	NORMAL
RBC Morphology		NORMAL	NORMAL

MISCELLANEOUS

Sed Rate	0-20 MM/HR	10
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Footnotes

L = Low, H = High, f = Footnote

WBC NORMAL RANGE CHANGED 12/10/96

Continued ...

FINAL REPORT

02/27/98 [REDACTED]

Printed:

Page: 3
000005

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

HEMATOLOGY

COLLECTION DATE

03/06/98

03/05/98

03/04/98

03/03/98

03/02/98

03/01/98

02/28/98

COLLECTION TIME

0535

0500

0455

0410

0415

0420

1500

REFERENCE

COMPLETE BLOOD COUNT

WBC	4.0-11.0 /CMM	19.3Hf	19.4H	19.6H	14.3H	13.0H	14.3H	15.1H
RBC	4.20-5.40 /CMM	3.86L	3.99L	3.69L	3.75L	3.67L	3.88L	4.16L
HGB	12.0-16.0 G/DL	11.7L	12.2	11.2L	11.4L	11.0L	11.7L	12.6
HCT	37.0-47.0 %	34.9L	36.0L	33.5L	33.8L	33.3L	35.1L	37.5
MCV	80-100 U3	90	90	91	90	91	91	90
MCH	27.0-31.0 UUG	30.4	30.7	30.4	30.5	29.8	30.3	30.2
MCHC	32.0-36.0 %	33.6	33.9	33.4	33.8	32.9	33.4	33.5
RDW	11.5-14.5 %			13.1	12.6	12.7	12.8	12.2
PLT CNT	140-440 /CMM	286	292	272	274	269	262	308
MPV	7.4-10.4 FL			7.7	7.9	7.8	7.6	7.6
Neut, Absolute	1.4-6.5 CMM			15.2H	10.8H	10.2H	11.6H	10.7H
Lymph, Absolute	1.2-3.4 CMM			3.2	2.7	1.9	2.0	3.5H
Mono, Absolute	0.1-0.6 CMM			0.9H	0.6	0.7H	0.6	0.7H
Eosin, Absolute	0.0-0.7 CMM			0.2	0.1	0.1	0.1	0.1
Baso, Absolute	0.0-0.2 CMM			0.1	0.1	0.1	0.0	0.1
Neut %	42.2-75.2 %			77.5H	74.7	78.5H	80.8H	70.9
Lymph %	20.5-51.1 %			16.4L	19.2L	14.8L	14.1L	23.3
Mono %	1.7-9.3 %			4.8	4.4	5.4	4.2	4.5
Eosin %	0.8-5.0 %			1.0	1.0	0.7L	0.6L	0.9
Baso %	0.0-0.8 %			0.3	0.7	0.6	0.3	0.4

COLLECTION DATE

02/28/98

COLLECTION TIME

0406

REFERENCE

COMPLETE BLOOD COUNT

WBC	4.0-11.0 /CMM	10.7f
RBC	4.20-5.40 /CMM	4.00L
HGB	12.0-16.0 G/DL	12.0
HCT	37.0-47.0 %	36.1L
MCV	80-100 U3	90
MCH	27.0-31.0 UUG	29.9
MCHC	32.0-36.0 %	33.2
RDW	11.5-14.5 %	12.4
PLT CNT	140-440 /CMM	275
MPV	7.4-10.4 FL	7.7
Neut, Absolute	1.4-6.5 CMM	7.9H
Lymph, Absolute	1.2-3.4 CMM	1.9
Mono, Absolute	0.1-0.6 CMM	0.7H
Eosin, Absolute	0.0-0.7 CMM	0.1
Baso, Absolute	0.0-0.2 CMM	0.1

Footnotes

L = Low, H = High, f = Footnote

WBC NORMAL RANGE CHANGED 12/10/96

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Continued ...

FINAL REPORT

Printed:

03/07/98

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Page:

Patient:

Med. Rec. No.:

Age / Sex: 41 YRS FEMALE

Physician:

Nursing St.:

Room:

HEMATOLOGY

COLLECTION DATE 02/28/98

COLLECTION TIME 0406

REFERENCE

Neut %	42.2-75.2 %	74.3
Lymph %	20.5-51.1 %	18.0L
Mono %	1.7-9.3 %	6.3
Eosin %	0.8-5.0 %	0.8
Baso %	0.0-0.8 %	0.6

Footnotes

L = Low

000007

Continued ...

FINAL REPORT

03/07/98

Printed:

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Med. Rec. No.:

Age / Sex:

41 YRS FEMALE

Physician:

Nursing St.:

Room:

HEMATOLOGY

COLLECTION DATE 03/10/98 03/09/98 03/08/98 03/07/98

COLLECTION TIME 0715 0850 0635 0625

REFERENCE

Neut %	42.2-75.2 %	42.9H	40.7H	42.0H
Lymph %	20.5-51.1 %	13.1L	15.0L	13.2L
Mono %	1.7-9.3 %	3.6	3.7	4.0
Eosin %	0.8-5.0 %	0.3L	0.6L	0.7L
Baso %	0.0-0.8 %	0.1	0.0	0.1

MANUAL DIFFERENTIAL

Segs	30-70 %	76H
Bands	0-6 %	7H
Lymphocyte	20-50 %	8L
Monocyte	3-8 %	6
Basophils	0-1 %	1
Platelet Estim		NORMAL
Baso		2+*
RBC Morphology		NORMAL

Footnotes

L = Low, H = High, * = Abnormal

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Continued ...

FINAL REPORT

03/22/98

Printed:

Page:

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Med. Rec. No.:
Age / Sex: 41 YRS FEMALE
Physician:
Nursing St.:
Room:

HEMATOLOGY

COLLECTION DATE 03/20/98 03/16/98 03/15/98 03/14/98 03/13/98 03/12/98 03/11/98
COLLECTION TIME 0455 0645 0640 0700 0610 0717 0715
REFERENCE

COMPLETE BLOOD COUNT

WBC	4.0-11.0 /CMM	8.6f	9.5	10.9	10.2	10.9	11.3H	15.6H
RBC	4.20-5.40 /CMM	3.59L	3.73L	3.70L	3.62L	3.61L	3.66L	3.77L
HGB	12.0-16.0 G/DL	11.0L	11.5L	11.2L	11.1L	11.0L	11.3L	11.6L
HCT	37.0-47.0 %	32.1L	33.5L	33.2L	32.5L	32.7L	33.0L	34.3L
MCV	80-100 U3	89	90	90	90	91	90	91
MCH	27.0-31.0 UUG	30.6	30.8	30.2	30.8	30.5	30.9	30.7
MCHC	32.0-36.0 %	34.2	34.3	33.7	34.2	33.7	34.2	33.8
RDW	11.5-14.5 %		13.4	13.2	13.5	13.5	13.3	13.2
PLT CNT	140-440 /CMM	241	238	252	237	253	241	258
MPV	7.4-10.4 FL		7.7	7.8	7.7	7.4	7.9	7.9
Neut, Absolute	1.4-6.5 CMM		5.6	6.6H	6.0	6.8H	6.6H	12.3H
Lymph, Absolute	1.2-3.4 CMM		3.0	3.3	3.2	3.3	3.7H	2.4
Mono, Absolute	0.1-0.6 CMM		0.6	0.7H	0.7H	0.6	0.7H	0.7H
Eosin, Absolute	0.0-0.7 CMM		0.2	0.2	0.2	0.1	0.2	0.1
Baso, Absolute	0.0-0.2 CMM		0.1	0.1	0.1	0.1	0.1	0.1
Neut %	42.2-75.2 %		60.0	61.0	60.0	62.3	58.7	78.5H
Lymph %	20.5-51.1 %		31.1	30.7	31.2	30.5	32.7	15.7L
Mono %	1.7-9.3 %		6.5	6.2	6.5	5.4	6.2	4.6
Eosin %	0.8-5.0 %		1.7	1.4	1.5	1.2	1.6	0.6L
Baso %	0.0-0.8 %		0.7	0.7	0.8	0.6	0.8	0.6

COLLECTION DATE 03/10/98 03/09/98 03/08/98 03/07/98
COLLECTION TIME 0715 0850 0635 0625
REFERENCE

COMPLETE BLOOD COUNT

WBC	4.0-11.0 /CMM	16.5Hf	16.6H	20.5H	16.4H
RBC	4.20-5.40 /CMM	3.74L	3.86L	3.59L	3.81L
HGB	12.0-16.0 G/DL	11.5L	11.8L	11.2L	11.4L
HCT	37.0-47.0 %	33.9L	35.0L	32.4L	34.3L
MCV	80-100 U3	91	91	90	90
MCH	27.0-31.0 UUG	30.7	30.6	31.1H	30.0
MCHC	32.0-36.0 %	33.9	33.8	34.5	33.4
RDW	11.5-14.5 %	13.1	13.1	13.2	
PLT CNT	140-440 /CMM	260	268	251	266
MPV	7.4-10.4 FL	8.1	8.0	8.0	
Neut, Absolute	1.4-6.5 CMM	13.7H	13.4H	16.9H	
Lymph, Absolute	1.2-3.4 CMM	2.2	2.5	2.7	
Mono, Absolute	0.1-0.6 CMM	0.6	0.6	0.8H	
Eosin, Absolute	0.0-0.7 CMM	0.0	0.1	0.1	
Baso, Absolute	0.0-0.2 CMM	0.0	0.0	0.0	

Footnotes

L = Low, H = High, f = Footnote

WBC NORMAL RANGE CHANGED 12/10/96

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Continued ...

FINAL REPORT

03/22/98

Printed:

Page:

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RUN DATE: 12/27/97
RUN TIME: 1731

PAGE 2

INPATIENT CUMULATIVE SUMMARY REPORT

Name: [REDACTED] (Continued) Account #: [REDACTED]
Unit: [REDACTED]

COAGULATION

Date	Time	PRO TIME [10.5-13.5] SEC	INR	PTT [23.0-35.0] SEC
/25/97	1010	11.3 (a)	0.96	30.3

NOTES: (a) PT CONTROL 12.0 SEC.

** CONTINUED ON NEXT PAGE **

000010

RUN DATE: 03/05/98
RUN TIME: 0603

DISCHARGE REPORT

PAGE 2

Name: [REDACTED]
Unit: [REDACTED]

(Continued)

Account #: [REDACTED]

COAGULATION

Date	Time	PRO TIME [10.0-13.0] SEC		INR	PTT [23-35] SEC	
01/06/98	0645	13.5 (a)	H	1.24 (d)	54.4	H
01/07/98	0600	18.3 (e)	H	2.19 (d)	65.3 (f)	H
01/08/98	0600	22.1 (g)	H	3.11 (d)	45.8	H
01/09/98	0555	19.7 (h)	H	2.51 (d)	60.7	H
01/10/98	0730	15.6 (i)	H	1.63 (d)	56.4	H
01/11/98	0615	13.5 (j)	H	1.24 (d)	39.6	H
01/12/98	0700	13.4 (k)	H	1.23 (d)	32.3	
01/12/98	0915	13.2 (l)	H	1.19 (d)	29.9	
01/13/98	1305	13.5 (m)	H	1.24 (d)		
01/14/98	0923	14.2 (n)	H	1.37 (d)		
01/15/98	0600	14.8 (o)	H	1.48 (d)		

NOTES: (a) See (b), (c)
(b) THERAPEUTIC RANGE FOR ANTICOAGULATED PATIENTS IS 1.5 TO 2.5 TIMES THE NORMAL RANGE.
(c) PT CONTROL 12.0 SEC.
(d) THERAPEUTIC RANGE FOR ANTICOAGULATED PATIENTS: 2.0 - 3.0
(e) See (b), (c)
(f) RESULT PHONED TO [REDACTED]
(g) See (b), (c)
(h) See (b), (c)
(i) See (b), (c)
(j) See (b), (c)
(k) See (b), (c)
(l) See (b), (c)
(m) See (b), (c)
(n) See (b), (c)
(o) See (b), (c)

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** CONTINUED ON NEXT PAGE **

RUN DATE: 02/17/98
RUN TIME: 0601

DISCHARGE REPORT

PAGE 2

Name: [REDACTED] (Continued)
Unit: [REDACTED]

Account #: [REDACTED]

COAGULATION

Date	Time	PRO TIME	INR	PTT	H
		[10.0-13.0] SEC		[23-35] SEC	
02/05/98	1521	18.7 (a)	H	2.28 (d)	
02/06/98	0500	16.7 (e)	H	1.85 (d)	
02/07/98	0450	18.3 (f)	H	2.19 (d)	
02/08/98	0900	18.7 (g)	H	2.28 (d)	
02/10/98	0555	19.5 (h)	H	2.47 (d)	

NOTES: (a) See (b), (c)
(b) THERAPEUTIC RANGE FOR ANTICOAGULATED PATIENTS IS 1.5 TO 2.5
TIMES THE NORMAL RANGE.
(c) PT CONTROL 12.0 SEC.
(d) THERAPEUTIC RANGE FOR ANTICOAGULATED PATIENTS: 2.0 - 3.0
(e) See (b), (c)
(f) See (b), (c)
(g) See (b), (c)
(h) See (b), (c)

000012

** CONTINUED ON NEXT PAGE **

LABORATORY REPORT

PATIENT NAME

PATIENT ID

ROOM NO

AGE

SEX

PHYSICIAN

PAGE

REQUISITION NO

ACCESSION NO

LAB REF #

COLLECTION DATE & TIME

LOG-IN-DATE

REPORT DATE

& TIME

REMARKS

REPORT STATUS

TEST

RESULT

IN RANGE

OUT OF RANGE

UNITS

REFERENCE
RANGESITE
CODE

000013

CLIENT NUMBER

FINAL

NAME/I.D.#

REF. I.D.#

DATE OF BIRTH

F

41 YRS

DATE COLLECTED

TIME

DATE RECEIVED 18FEB98

TIME

1552

DATE REPORTED 23FEB98

TIME

1648

25FEB98

1126

REFERRING PHYSICIAN

CLIENT ID -

RESULT

HA

REFERENCE RANGE

UNITS

HEMOSTASIS AND FIBRINOLYTIC

APC RESISTANCE PROFILE

PTT

41

1

(25-40)

sec

PTT 1:1 EL

35

(25-40)

sec

APC RESISTANCE (PTT-BASED)

1.14

1

(0.88-1.16)

APC RESISTANCE (PT-BASED)

NOT APPL

(NOT APPL)

APC RESISTANCE (PTT-BASED).... 18FEB98 1552

Ratios less than 0.88 suggest APC resistance. This method uses Factor V deficient plasma, therefore APC resistance due to a non-Factor V mutation will not be detected.

H = High, f = Interp/footnote

000014

ACCESSION #

END OF CHART

LABORATORY REPORT

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

COAGULATION

	COLLECTION DATE	02/26/98	02/26/98	02/25/98	02/19/98	02/18/98	02/18/98	02/18/98
	COLLECTION TIME	1705	0559	2150	0805	2100	1551	0530
	REFERENCE							
Protime	9.7-12.9 SEC				12.5f	14.1H	13.9H	16.5H
INR					1.11	1.25	1.23	1.46
PTT	24.0-36.0 SEC	SEE REPT	49.7Af	29.7	60.8Af	44.3H	32.3	34.4

	COLLECTION DATE	02/14/98	02/11/98
	COLLECTION TIME	0800	0740
	REFERENCE		
Protime	9.7-12.9 SEC	26.5Hf	21.4H
INR		2.35	1.89

Footnotes

H = High, A = Alert, f = Footnote

Protime NORMAL RANGE CHANGED 12/10/96

PTT..... 02/26/98 1705 02/26/98 18:18 PATIENT ON HEPARIN, PER [REDACTED] PSK

PTT = 126.0 SECONDS

PTT..... 02/26/98 0559 PT. ON HEPARIN

PTT..... 02/19/98 0805 RESULTS CALLED TO [REDACTED] AT 0935

000015

Continued ...

FINAL REPORT

02/27/98 [REDACTED]

Printed:

Page:

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Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

COAGULATION

COLLECTION DATE	03/06/98	03/05/98	03/05/98	03/04/98	03/04/98	03/04/98	03/03/98
COLLECTION TIME	0535	1335	0500	2150	1300	0455	1013

REFERENCE

Protime	9.7-12.9 SEC	9.9f	9.6f				
INR		0.88	0.85				
PTT	24.0-36.0 SEC	41.7H	69.0Af	23.9L	22.5L	49.3Af	67.3Af

COLLECTION DATE	03/02/98	03/02/98	03/01/98	02/28/98	02/28/98	02/28/98	02/28/98
COLLECTION TIME	1720	0415	0420	1500	0930	0406	0018

REFERENCE

PTT	24.0-36.0 SEC	52.7Af	64.9Af	55.8Af	55.2Af	83.0Af	70.5Af
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COLLECTION DATE	02/27/98	02/27/98	02/26/98
COLLECTION TIME	1355	0345	1905

REFERENCE

PTT	24.0-36.0 SEC	53.4Af	47.0Af	87.1Af
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Footnotes

L = Low, H = High, A = Alert, f = Footnote

Protime NORMAL RANGE CHANGED 12/10/96

PTT..... 03/05/98 1335 PATIENT ON HEPARIN

CALLED TO [REDACTED] AT 03/05/98 14:40.

PTT..... 03/04/98 1300 CALLED TO [REDACTED] 03/04/98 14:11

PTT..... 03/04/98 0455 PT. ON HEPARIN

PTT..... 03/03/98 1013 PATIENT ON HEPARIN

PTT..... 03/02/98 1720 RESULT TO [REDACTED] AT 1805: [REDACTED]

PTT..... 03/02/98 0415 PATIENT ON HEPARIN

PTT..... 03/01/98 0420 PT. ON HEPARIN.

PTT..... 02/28/98 1500 PATIENT ON HEPARIN

PTT..... 02/28/98 0930 PT. ON HEPARIN

PTT..... 02/28/98 0406 PATIENT ON HEPARIN

PTT..... 02/28/98 0018 PATIENT ON HEPARIN

PTT..... 02/27/98 1355 RESULTS CALLED TO [REDACTED] AT 1505 BY [REDACTED]

PTT..... 02/27/98 0345 RESULTS CALLED TO DR. [REDACTED]

PTT..... 02/26/98 1905 PATIENT ON HEPARIN

000016

Continued ...

FINAL REPORT

03/07/98 [REDACTED]

Printed:

Page:

4

d. Rec. No.:
Age / Sex: 41 YRS FEMALE
Physician:
Nursing St.:
Room:

3

COAGULATION

COLLECTION DATE 03/07/98

COLLECTION TIME 0625

REFERENCE

PTT 24.0-36.0 SEC 60.9A

Footnotes

A = Alert, f = Footnote

PTT 03/07/98 0625

RESULTS CALLED TO AT 0735

000017

Continued ...

FINAL REPORT

03/22/98

Printed:

Page:

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ident: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

3

COAGULATION

	COLLECTION DATE	03/21/98	03/20/98	03/19/98	03/18/98	03/17/98	03/16/98	03/15/98
	COLLECTION TIME	0620	0455	0600	0600	0655	0645	0640
	REFERENCE							
Protime	9.7-12.9 SEC	33.8Af	32.4Af	33.4Af	39.4Af	46.8Af	36.4Af	32.9Af
INR		2.99	2.87	2.96	3.48	4.14	3.22	2.91
PTT	24.0-36.0 SEC						73.7A	73.5Af

	COLLECTION DATE	03/14/98	03/13/98	03/12/98	03/11/98	03/10/98	03/09/98	03/08/98
	COLLECTION TIME	0700	0610	0717	0715	0715	0850	0635
	REFERENCE							
Protime	9.7-12.9 SEC	39.6Af	27.7H	15.9H	10.5			
INR		3.50	2.45	1.41	0.93			
PTT	24.0-36.0 SEC	64.1Af	80.1Af	71.9Af	65.6Af	48.1Af	54.5Af	66.0Af

Footnotes

H = High, A = Alert, f = Footnote

Protime..... 03/21/98 0620 RESULT PHONED TO [REDACTED] @ 0840 BY [REDACTED]

Protime..... 03/20/98 0455 TEST REPEATED AND RESULTS VERIFIED.
CALLED TO [REDACTED] 03/20/98 05:32

Protime..... 03/19/98 0600 RESULTS CALLED TO [REDACTED] AT 0740

Protime..... 03/18/98 0600 RESULTS CALLED TO [REDACTED] AT 0740

Protime..... 03/17/98 0655 RESULTS CALLED TO [REDACTED] AT 0824

Protime..... 03/16/98 0645 PHONED PT AND PTT RESULTS TO [REDACTED] AT 0756, [REDACTED]

Protime..... 03/15/98 0640 CALLED TO [REDACTED] 03/15/98 08:39

Protime NORMAL RANGE CHANGED 12/10/96

PTT..... 03/15/98 0640 CALLED TO [REDACTED] PT. ON HEPARIN 03/15/98 08:40

Protime..... 03/14/98 0700 CALLED TO 03/14/98 09:00 [REDACTED]

PTT..... 03/14/98 0700 CALLED TO [REDACTED] 03/14/98 09:01

PTT..... 03/13/98 0610 PATIENT ON HEPARIN.

PTT..... 03/12/98 0717 RESULTS CALLED TO [REDACTED] AT 0830 BY [REDACTED]

PTT..... 03/11/98 0715 PATIENT ON HEPARIN

PTT..... 03/10/98 0715 PATIENT ON HEPARIN

PTT..... 03/09/98 0850 RE: TS CALLED TO [REDACTED] AT 1030 BY [REDACTED]

PTT..... 03/08/98 0635 PATIENT ON HEPARIN

000018

Continued ...

FINAL REPORT

03/22/98 [REDACTED]

Printed:

Page:

4

Attn: DR.

FAXED
1070

See below

PT
Cont =
12.0
98 AP

COAGULATION

☐ APTT: _____ sec.
(23.0 - 35.0)
☒ PT: 15.7 sec.
Prothrombin Time: (11.0 - 13.0)
INR: 1.81
INR: 2.0 - 3.0
(For routine anticoagulant therapy)
INR: 3.0 - 3.5
(Oral anticoagulant therapy for recurrent systemic embolism and patients with mechanical heart valves)

TIME DRAWN: 12:45

☐ BLEEDING TIME: _____
(SIMPLATE) (2 min. 20. sec - 9 min. 30 sec.)

BODY FLUID

TYPE OF BODY FLUID

☐ CSF * ☐ PERITONEAL
☐ JOINT ☐ OTHER

Description: _____
RBC: _____ mm³
WBC: _____ mm³
Differential: _____
Mono: _____ %
Poly: _____ %
PROTEIN: _____ mg/dl
GLUCOSE: 15 mg/dl
CRYSTAL: _____
MISC: _____

FAX RESULTS

Please Inform

TECHNOLOGIST _____ DATE 4/20/98

NAME _____
AGE 42
PHY _____
STAT
100
1T COPY

000019

RUN DATE: 12/27/97
RUN TIME: 1731

PAGE 3

INPATIENT CUMMULATIVE SUMMARY REPORT

Name: [REDACTED]
Unit: [REDACTED]

(Continued)

Account #: [REDACTED]

CHEMISTRY

Date	Time	SODIUM [140-148] MMOL/L	POTASSIUM [3.6-5.2] MMOL/L	CHLORIDE [100-108] MMOL/L	CO2 [21-32] MMOL/L	GLUC [70-110] MG/DL	BUN [7-18] mg/dL	CREA [0.6-1.3] mg/dL	URIC [2.6-7.2] MG/DL	TP [6.4-8.2] GM/DL
12/25/97	1010	145	4.4	111 H	23	122 H	16	0.9	5.0	6.6

Date	Time	ALB [3.4-5.0] g/dL	A/G RATIO [0.8-2.0] G/DL	CA [8.8-10.5] mg/dL	PHOS [2.5-4.9] MG/DL	TBIL [0.0-1.0] MG/DL	CHOL [50-200] mg/dL
12/25/97	1010	4.0	1.5	10.3	3.6	0.4	202 H
12/25/97	1753						199

ENZYMES

Date	Time	CK [21-232] U/L	LDH [100-190] IU/L	AST/SGOT [15-37] U/L	ALT [30-65] U/L	ALK PHOS [50-136] U/L
12/25/97	1010	55	129	15	28 L	73

LIPID PANEL

Date	Time	TRIGLYCERIDE [30-200] MG/DL	CHOL [50-200] mg/dL	HDL [32-96] MG/DL	LDL [62-185] MG/DL	CHOL/HDL RAT
12/25/97	1753	107.0	199	60	118	3.3(b)

DRUG SCREEN URINE

12/25/97 1448 AMPHETAMINES U NEG
BARBITURATES NEG
BENZ URINE NEG
THC URINE NEG
COCAINE URINE NEG
OPIATE U NEG
PCP URINE NEG

NOTES: (b)

RISK LEVEL	MALE	FEMALE
1/2 AVERAGE	3.4	3.3
AVERAGE	5.0	4.4
2 X AVERAGE	9.6	7.1
3 X AVERAGE	23.4	11.0

** CONTINUED ON NEXT PAGE **

000020

RUN DATE: 03/05/98
RUN TIME: 0603

DISCHARGE REPORT

PAGE 4

Name: [REDACTED] (Continued)
Unit: [REDACTED]

Account #: [REDACTED]

CHEMISTRY

Date	Time	SODIUM [140-148] MMOL/L	POTASSIUM [3.6-5.2] MMOL/L	CHLORIDE [100-108] MMOL/L	CO2 [22-32] MMOL/L	GLUC [70-110] MG/DL	
01/08/98	1035	140 (q)	3.8 (q)	104 (q)	26 (q)	139 (q)	H

Date	Time	BUN [7-18] mg/dL	CREA [0.6-1.3] mg/dL
01/08/98	1035	16 (q)	0.9 (q)

REFERENCE TESTING
REFERENCE HEMATOLOGY

MYASTHENIA G

Date	Time	
01/06/98	1030	(r)

MULTIPLE SCLEROSIS PANEL

01/06/98	2006	MYELIN BASIC PT	(s)
		OLIGOCLONAL BND	(t)
		IGG SYNTHS/INDX	(u)

LUPUS PANEL

01/08/98	0600	ANA (LUPUS PNL)	(v)	[<1:40]	TITER
----------	------	-----------------	-----	---------	-------

MICROBIAL ANTIGENS/ANTIBODIES

01/06/98	0645	LYME ANTIBODY	(w)
01/06/98	2006	COCCI AB CSF	(x)

NOTES: (q) Test performed at [REDACTED] FAX NO. [REDACTED]

- (r) SEE ATTACHED REPORT ON THE CHART.
- (s) SEE ATTACHED REPORT ON THE CHART.
- (t) SEE ATTACHED REPORT ON THE CHART.
- (u) SEE ATTACHED REPORT ON THE CHART.
- (v) SEE ATTACHED REPORT ON THE CHART.
- (w) SEE SEPARATE REPORT
See also (q)
- (x) SEE ATTACHED REPORT ON THE CHART.

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** CONTINUED ON NEXT PAGE **

RUN DATE: 03/05/98
RUN TIME: 0603

DISCHARGE REPORT

PAGE 5

Name: [REDACTED]
Unit: [REDACTED]

(Continued)

Account #: [REDACTED]

REFERENCE TESTING (CONTINUED)
MICROBIAL ANTIGENS/ANTIBODIES

01/06/98 2006 CRYPTOCO AG CSF (y)

Test	Date	Time	Result	Reference	Units
MISCELLANEOUS L	01/06/98	0645	(z)		

NOTES: (y) SEE ATTACHED REPORT ON THE CHART.
(z) SEE SEPARATE REPORT
See also (aa)
(aa) Test performed at [REDACTED]

** CONTINUED ON NEXT PAGE **

000022

RUN DATE: 02/17/98
RUN TIME: 0601

DISCHARGE REPORT

PAGE 3

Name: [REDACTED]
Unit: [REDACTED]

(Continued)

Account #: [REDACTED]

CHEMISTRY

Date	Time	SODIUM [140-148] MMOL/L	POTASSIUM [3.6-5.2] MMOL/L	CHLORIDE [100-108] MMOL/L	CO2 [21-32] MMOL/L	GLUC [70-110] MG/DL
02/05/98	1521	138 L	3.9	106	22	97

Date	Time	BUN [7-18] mg/dL	CREA [0.6-1.3] mg/dL	CA [8.8-10.5] mg/dL	TBIL [0.0-1.0] MG/DL	MG [1.8-2.4] MG/DL
02/05/98	1521	9	0.6	9.3	0.5	1.6(i) L
02/06/98	0500					1.4 L
02/07/98	0450					1.7 L

ENZYMES

Date	Time	CK [21-232] U/L	ALT [30-65] U/L	ALK PHOS [50-136] U/L	LIPA [114-286] U/L	AMYL [25-115] U/L
02/05/98	1521	76	24 L	81	182	65

Test	Date	Time	Result	Reference	Units
------	------	------	--------	-----------	-------

MISCELLANEOUS L 02/07/98 0600 (j)

NOTES: (i) 02/05/98 2137:

MG previously reported as: 0.2 L MG/DL

(j) SEE ATTACHED REPORT

** END OF REPORT **

000023



Patient:

Med. Rec. No.:

Age / Sex:

41 YRS FEMALE

Physician:

Nursing St.:

Room:

CHEMISTRY PANELS

	COLLECTION DATE	02/26/98	02/22/98	02/11/98
	COLLECTION TIME	1705	0920	0740
	REFERENCE			
Sodium	130-145 Meq/L	135	139	141
Potassium	3.5-5.3 Meq/L	3.9	3.6	4.3
Chloride	95-110 Meq/L	100	103	103
CO2	22-34 Meq/L	19L	24	29
Glucose Rand	70-110 Mg/dl	96	114H	104
BUN	5-25 Mg/dl	17	16	20
Creatinine	0.5-1.3 Mg/dl	0.5	0.5	0.7
Total Protein	6.5-8.5 Gm/dl		6.6	6.5
Albumin	3.2-5.0 Gm/dl		4.3	4.4
Uric Acid	2.4-8.0 Mg/dl		4.3	6.1
Calcium	8.2-10.4 Mg/dl		9.3	9.2
Phosphorus	2.3-4.7 Mg/dl		3.1	4.2
Bili Total	0.1-1.4 Mg/dl		0.4	0.5
Cholesterol	125-200 mg/dl		212H	204H
Alk Phos	30-150 IU/L		70	66
AST	5-40 U/L		9	13
ALT	5-40 IU/L		8	10
LDH	100-250 IU/L		121	117
Magnesium	1.5-2.4 Mg/dl		2.1f	2.2

Footnotes

L = Low, H = High, f = Footnote
Magnesium

Continued ...

FINAL REPORT

Printed:

02/27/98

Page:

000024

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

CHEMISTRY PANELS

COLLECTION DATE			03/06/98	03/05/98	03/04/98	03/03/98	03/02/98	03/01/98	02/28/98
COLLECTION TIME			0535	0500	0455	0410	0415	0420	0406
REFERENCE									
Sodium	130-148	Meq/L	138	143	142	142	142	137	141
Potassium	3.5-5.3	Meq/L	3.9	4.2	3.9	3.9	4.1	4.0	4.0
Chloride	95-110	Meq/L	98	101	104	104	106	102	106
CO2	22-34	Meq/L	24	28	24	28	23	24	21L
Glucose Rand	70-110	Mg/dl	109	132H	111H	112H	109	127H	122H
BUN	5-25	Mg/dl	22	20	17	11	8	6	7
Creatinine	0.5-1.3	Mg/dl	0.5	0.7	0.6	0.4L	0.4L	0.4L	0.5
Total Protein	6.5-8.5	Gm/dl			6.0L	6.0L	5.7L	5.8L	5.8L
Albumin	3.2-5.0	Gm/dl			3.8	3.9	3.7	3.6	3.7
Uric Acid	2.4-8.0	Mg/dl			4.2	4.0	3.4	3.4	3.6
Calcium	8.2-10.4	Mg/dl			9.0	9.6	9.1	8.8	8.7
Phosphorus	2.3-4.7	Mg/dl			3.7	4.9H	4.0	3.8	3.2
Bili Total	0.1-1.4	Mg/dl			0.5	0.5	0.4	0.4	0.5
Cholesterol	125-200	mg/dl			201H	205H	195	204H	220H
Alk Phos	30-150	IU/L			93	66	61	59	58
AST	5-40	U/L			40	38	46H	31	15
ALT	5-40	IU/L			105H	90H	87H	47H	17
LDH	100-250	IU/L			170	178	142	139	131
Magnesium	1.5-2.4	Mg/dl			2.0f	1.9	1.8	1.8	2.0

Footnotes

L = Low, H = High, f = Footnote
Magnesium

000025

Continued ...

FINAL REPORT

03/07/98

Printed

Page: 1

Med. Rec. No.:

Age / Sex:

41 YRS FEMALE

Physician:

Nursing St.:

Room:

CHEMISTRY PANELS

COLLECTION DATE 03/09/98 03/08/98

COLLECTION TIME 0850 0635

REFERENCE

Sodium	130-145	Meq/L	139	139
Potassium	3.5-5.3	Meq/L	3.2L	4.1
Chloride	95-110	Meq/L	98	100
CO2	22-34	Meq/L	25	23
Glucose Rand.	70-110	Mg/dl	158H	103
BUN	5-25	Mg/dl	14	17
Creatinine	0.5-1.3	Mg/dl	0.4L	0.2L
Total Protein	6.5-8.5	Gm/dl	6.6	4.5L
Albumin	3.2-5.0	Gm/dl	4.1	4.0
Uric Acid	2.4-8.0	Mg/dl	3.8	1.4L
Calcium	8.2-10.4	Mg/dl	9.3	9.1
Phosphorus	2.3-4.7	Mg/dl	3.4	3.8
Bili Total	0.1-1.4	Mg/dl	0.5	0.3
Cholesterol	125-200	mg/dl	235H	224H
Alk Phos	30-150	IU/L	74	28L
AST	5-40	U/L	18	15
ALT	5-40	IU/L	52H	38
LDH	100-250	IU/L	182	143
Magnesium	1.5-2.4	Mg/dl	1.9f	2.0

Footnotes

L = Low, H = High, f = Footnote

Magnesium

000026

Continued ...

FINAL REPORT

03/22/98

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Page:

1

Patient:

Med. Rec. No.:

Age / Sex:

41 YRS FEMALE

Physician:

Nursing St.:

Room:

ORGAN PANELS

COLLECTION DATE 02/19/98

COLLECTION TIME 0805

REFERENCE

LIPID STUDIES

Cholesterol	125-200	mg/dl	213H
Triglycerides	35-135	mg/dl	177Hf
HDL Cholesterol		mg/dl	57.4f
VLDL	2-38	MG/DL	35
LDLC	65-175	MG/DL	120

Footnotes

H = High, f = Footnote

Triglycerides > 150 mg/dl Borderline
> 200 mg/dl Elevated

HDL Cholesterol MALE:	> 55	mg/dl	Favorable	FEMALE:	> 65	mg/dl	Favorable
	35-55	mg/dl	Risk Level		45-65	mg/dl	Risk Level
	< 35	mg/dl	Risk Indicator		< 45	mg/dl	Risk Indicator

Continued ...

FINAL REPORT

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02/27/98

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000027

RUN DATE: 12/27/97
RUN TIME: 1731

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INPATIENT CUMULATIVE SUMMARY REPORT

Name: [REDACTED] (Continued) Account #: [REDACTED]
Unit: [REDACTED]

SEROLOGY

ANTINUCLEAR ANTIBODY

ANA

Date	Time	
/25/97	1753	(c)

NOTES: (c) 1:40, HOMOGENEOUS PATTERN

** CONTINUED ON NEXT PAGE **

000028

RUN DATE: 12/27/97
RUN TIME: 1731

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INPATIENT CUMMULATIVE SUMMARY REPORT

Name: [REDACTED] (Continued)
Unit: [REDACTED]

Account #: [REDACTED]

SEROLOGY

HCGQL

Date	Time
12/25/97	1612NEGATIVE

** END OF REPORT **

000029

LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
1				01/08/98 1106	01/08/98	01/10/98 10:00	
Remarks							
HOSP ID							

Report Status	Test	Result	Units	Reference Range	Site Code
FINAL		In Range Out of Range			
LUPUS PROFILE					
ANTINUCLEAR ANTIBODIES					
	ANA PATTERN	HOMOGENEOUS			
	ANTINUCLEAR ANTIBODIES	1:40 H	TITER		
	ANA PATTERN 2	SPECKLED			
	ANA TITER 2	1:40			
	ANA PATTERN 3	NUCLEOLAR			
	ANA TITRE 3	1:40			
REFERENCE RANGE:					
	<1:40	NEGATIVE			
	1:40 - 1:80	LOW ANTIBODY LEVEL			
	>1:80	ELEVATED ANTIBODY LEVEL			
DNA ANTIBODIES, NATIVE					
		6	IU/ML		
REFERENCE RANGE					
	NEGATIVE	- 0 - 29	IU/ML		
	BORDERLINE	- 30 - 50	IU/ML		
	POSITIVE	- > 50	IU/ML		
MITOCHONDRIAL ANTIBODIES					
		<1:20	TITER		
REFERENCE RANGE:					
	<1:20	NEGATIVE.			
	1:20 TO 1:80	INTERMEDIATE LEVEL. MAY BE PRESENT IN AUTOALLERGIC OR OTHER LIVER DISEASES.			
	>1:80	ELEVATED LEVEL. STRONGLY SUGGESTIVE OF PRIMARY BILIARY CIRRHOSIS.			
MYOCARDIAL ANTIBODIES					
		<1:20			
REFERENCE RANGE:					
	<1:20	NEGATIVE			
	> OR 1:20	ELEVATED LEVEL			
PARIETAL CELL ANTIBODIES					
		<1:20	TITER		

>> REPORT CONTINUED ON NEXT PAGE <<

000030

LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
2				01/08/98 1106	01/08/98	01/10/98 10:00	
Remarks							
HOSP ID							

Report Status	Test	Result	Units	Reference Range	Site Code
In Range	Out of Range				

PARIETAL CELL ANTIBODIES (CONTINUED)

REFERENCE RANGE:

<1:20	NONE DETECTED
1:20 TO 1:40	WEAKLY POSITIVE
>1:40	POSITIVE - SUGGESTIVE OF PERNICIOUS ANEMIA OR ATROPHIC GASTRITIS.

SMOOTH MUSCLE ANTIBODIES	<1:20	TITER	
--------------------------	-------	-------	--

REFERENCE RANGE:

<1:20	NEGATIVE.
1:20 TO 1:40	WEAKLY POSITIVE. MAY BE PRESENT IN ACUTE VIRAL HEPATITIS, LUPOID HEPATITIS, INFECTIOUS MONONUCLEOSIS AND MALIGNANCY.
>1:40	HIGH POSITIVE. HIGHLY SUGGESTIVE OF ACTIVE CHRONIC HEPATITIS.

SKELETAL MUSCLE ANTIBODIES	<1:20	TITER	NONE DETECTED
----------------------------	-------	-------	---------------

<1:20	NEGATIVE
1:20-1:80	INTERMEDIATE LEVEL
>1:80	ELEVATED LEVEL

ANTI-SKELETAL MUSCLE ANTIBODY TITERS OF GREATER THAN 1:80 HAVE BEEN REPORTED TO BE PRESENT IN THE SERUM OF 30% OF PATIENTS WITH MYASTHENIA GRAVIS, 95% OF PATIENTS WITH MYASTHENIA GRAVIS AND THYMOMA, AND 25% OF PATIENTS WITH THYMOMA.

COMPLEMENT COMPONENT C3	134	MG/DL	75-161
COMPLEMENT COMPONENT C4	30	MG/DL	16-47
RHEUMATOID FACTOR	<20	IU/ML	=

REFERENCE RANGE:

0 - 39	NEGATIVE
40 - 79	WEAKLY REACTIVE
> OR = 80	POSITIVE

SCLERODERMA ANTIBODIES SCLERODERMA ANTIBODIES (SCL-70)

<0.91	INDEX
-------	-------

>> REPORT CONTINUED ON NEXT PAGE <<

000031

LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
3				01/08/98 1106	01/08/98	01/10/98 10:00	
Remarks							
HOSP ID							

Report Status	Test	Result	Units	Reference Range	Site Code
In Range	Out of Range				

SCLERODERMA ANTIBODIES (CONTINUED)

REFERENCE RANGE

INDEX VALUES < 0.91 = NEGATIVE
 INDEX VALUES 0.91 - 1.09 = EQUIVOCAL
 INDEX VALUES > 1.09 = POSITIVE

THYROID PEROXIDASE
 ANTIBODIES

<0.3 U/ML

REFERENCE RANGE:

LESS THAN 0.3 NON-REACTIVE
 0.3 - 1.0 INDETERMINATE
 GREATER THAN 1.0 REACTIVE

SM & RNP ANTIBODIES
 SM ANTIBODY

<0.91 INDEX

REFERENCE RANGE

INDEX VALUES < 0.91 = NEGATIVE
 INDEX VALUES 0.91 - 1.09 = EQUIVOCAL
 INDEX VALUES > 1.09 = POSITIVE

THE PRESENCE OF SM ANTIBODIES IS HIGHLY SPECIFIC FOR SLE SINCE THIS ANTIBODY HAS NOT BEEN DETECTED IN RA, SJOGREN'S SYNDROME, SCLERODERMA, MIXED CONNECTIVE TISSUE DISEASE, DERMATOMYOSITIS, POLYMYOSITIS, OR DRUG INDUCED LE. SM ANTIBODIES ARE PRESENT IN 30% OF SLE PATIENTS.

RNP ANTIBODY

<0.91 INDEX

REFERENCE RANGE

INDEX VALUES < 0.91 = NEGATIVE
 INDEX VALUES 0.91 - 1.09 = EQUIVOCAL
 INDEX VALUES > 1.09 = POSITIVE

RNP ANTIBODIES ARE FOUND IN MIXED CONNECTIVE TISSUE DISEASE (MCTD), SLE, RA, SJOGREN'S SYNDROME, PROGRESSIVE SYSTEMIC SCLEROSIS, AND DRUG INDUCED LE. THE PRESENCE OF RNP ANTIBODIES AND THE ABSENCE OF SM AND DS DNA ANTIBODIES STRONGLY SUGGESTS MCTD, WHILE THE ABSENCE OF RNP USUALLY RULES OUT MCTD.

SJOGREN'S ANTIBODIES
 SJOGRENS ANTIBODIES (SSA)

<0.91 INDEX

>> REPORT CONTINUED ON NEXT PAGE <<

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LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
4				01/08/98 1106	01/08/98	01/10/98 10:00	

Remarks
HOSP ID 0020240388

Report Status	Test	Result	Units	Reference Range	Site Code
In Range	Out of Range				

SJOGREN'S ANTIBODIES (CONTINUED)

REFERENCE RANGE

INDEX VALUES < 0.91 = NEGATIVE
 INDEX VALUES 0.91 - 1.09 = EQUIVOCAL
 INDEX VALUES > 1.09 = POSITIVE

SJOGRENS ANTIBODIES (SSB) <0.91 INDEX

REFERENCE RANGE

INDEX VALUES < 0.91 = NEGATIVE
 INDEX VALUES 0.91 - 1.09 = EQUIVOCAL
 INDEX VALUES > 1.09 = POSITIVE

ANTIBODIES TO SSA (RO) AND SSB (LA) ARE OBSERVED WITH THE HIGHEST FREQUENCY IN SJOGREN'S SYNDROME, ALTHOUGH THESE ANTIBODIES ARE ALSO FOUND IN A SIGNIFICANT PERCENTAGE OF PATIENTS WITH SLE.

' refers to site:

>> END OF REPORT <<

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LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
1				01/06/98 1311	01/07/98	01/09/98 01:00	
Remarks							

Report Status	Test	Result	Units	Reference Range	Site Code
In Range	Out of Range				
MYASTHENIA GRAVIS EVALUATION					
	SKELETAL MUSCLE ANTIBODIES	<1:20	TITER	NONE DETECTED	
	<1:20	NEGATIVE			
	1:20-1:80	INTERMEDIATE LEVEL			
	>1:80	ELEVATED LEVEL			
ANTI-SKELETAL MUSCLE ANTIBODY TITERS OF GREATER THAN 1:80 HAVE BEEN REPORTED TO BE PRESENT IN THE SERUM OF 30% OF PATIENTS WITH MYASTHENIA GRAVIS, 95% OF PATIENTS WITH MYASTHENIA GRAVIS AND THYMOMA, AND 25% OF PATIENTS WITH THYMOMA.					
	ACETYLCHOLINE RECEPTOR AB	<0.5	NMOL/L	<0.5	
	TREPONEMA PALLIDUM ANTIBODIES	NON-REACTIVE		NON-REACTIVE	
LYME DISEASE AB SCREEN					
	LYME DISEASE AB SCREEN (TOTAL), EIA	< 0.80	ELISA INDEX	< OR = 0.80	
ABSENCE OF ANTIBODY TO B. BURGDORFERI DOES NOT RULE OUT LYME DISEASE. PEAK ANTIBODY RESPONSE IS SOMETIMES NOT ATTAINED UNTIL TWO MONTHS OR MORE AFTER ONSET OF ILLNESS AND SOME PATIENTS MAY NEVER GENERATE DETECTABLE ANTIBODY LEVELS.					
EXPLANATION OF ELISA INDEX					
< OR = 0.80	- SERONEGATIVE. ABSENCE OF PRIOR EXPOSURE TO B.BURGDORFERI OR DIMINISHED ANTIBODY RESPONSE DUE TO THERAPY.				
0.81 - 0.99	- INDETERMINATE RESULT. SUGGEST REPEAT TESTING IF CLINICALLY WARRANTED.				
> 0.99	- SEROPOSITIVE. INDICATES PRIOR EXPOSURE TO B.BURGDORFERI.				

' refers to site:

' refers to site:

>> END OF REPORT <<

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LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
1				12/25/97 17:30	12/27/97	12/30/97 15:00	
Remarks							

Report Status	Test	Result		Units	Reference Range	Site Code
		In Range	Out of Range			
<u>PROTEIN ELECTROPHORESIS</u>						
	<u>PROTEIN, TOTAL</u>	6.6		G/DL	6.0-8.5	
<u>-ROTEIN ELECTROPHORESIS</u>						
	ALBUMIN	4.0		G/DL	3.5-5.5	
	ALPHA-1-GLOBULINS	0.2		G/DL	0.1-0.3	
	ALPHA-2-GLOBULINS	0.9		G/DL	0.2-1.1	
	BETA GLOBULINS	0.8		G/DL	0.5-1.2	
	GAMMA GLOBULINS	0.7		G/DL	0.5-1.5	
	INTERPRETATION					
	PROTEIN ELECTROPHORESIS PATTERN APPEARS NORMAL.					
<u>ANGIOTENSIN-1-CONVERTING ENZYME</u>						
		13		U/L	8-52	

' refers to site:

>> END OF REPORT <<

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LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time		Log-in Date	Report Date & Time
1				12/25/97 17:30		12/27/97	12/31/97 10:00
Remarks							

Report Status	Test	Result	Units	Reference Range	Site Code
		In Range Out of Range			
TIEN C&S PANEL					
	ROTEIN C, ACTIVITY (REFL)	99	% OF NORMAL	70-140	
	PROTEIN S, ACTIVITY (REFL)	96	% OF NORMAL	58-130	
<div> <div></div> <div>' refers to site:</div> <div></div> </div>					
>> END OF REPORT <<					

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LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time		Log-in Date	Report Date & Time
1				12/26/97 18:50		12/27/97	12/31/97 01:00
Remarks							

Report Status	Test	Result In Range Out of Range	Units	Reference Range	Site Code
FINAL	SPHOLIPIDS	232	MG/DL	125-300	
<div> <div></div> <div> refers to site:</div> <div></div> </div>					
>> END OF REPORT <<					
000037					

LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
1				02/07/98 08:16	02/07/98	02/13/98 02:00	
Remarks							

Report Status	Test	Result In Range Out of Range	Units	Reference Range	Site Code
FINAL	HOMOCYSTEINE, TOTAL, PLASMA	6.9	MICROMOL/L	6.1-17	

' refers to site:

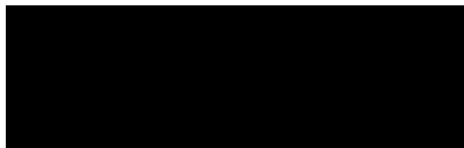
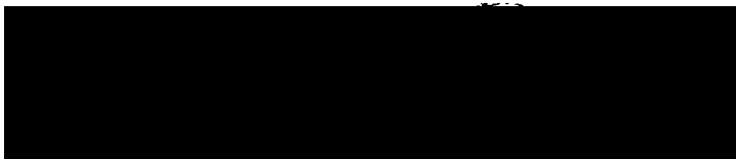
>> END OF REPORT <<

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ACCOUNT NUMBER	ACCESSION NUMBER
PATIENT NAME	
REFERRING PHYSICIAN	
NOTES	
PATIENT I.D. NUMBER	DRAWN
	02/14/98 8:00
RECEIVED	REPORTED
02/14/98 17:54	02/23/98 22:14
AGE: 41Y	SEX: F

TEST NAME	RESULTS	REFERENCE RANGES
HOMOCYST(E) INE	8.1	5-18 nmol/mL

HOMOCYST(E) INE, HPLC: Homocyst(e)ine is elevated in patients with cobalamin and/or folate deficiency, and is more sensitive than serum cobalamin and serum folate concentration in diagnosing these vitamin deficiencies. Hyperhomocyst(e)inemia due to either metabolic defects or inadequate dietary folate intake is a risk factor for symptomatic peripheral vascular, cerebrovascular or coronary heart disease. Homocyst(e)ine and/or methylmalonic acid are markedly elevated in the majority of folate-deficient or cobalamine-deficient megaloblastic anemia patients. RECOMMENDATIONS: High concentrations of plasma C-reactive protein (CRP) and Chlamydia pneumonia antibodies are strongly correlated with an increased risk for myocardial/cerebral infarction. [redacted] recommends T.I.P - Treatable Ischemia PredictR (test code [redacted]) and methylmalonic acid (test code [redacted], if clinically indicated.



COUNT NUMBER	ACCESSION NUMBER
PATIENT NAME	
REFERRING PHYSICIAN	
NOTES	
PATIENT I.D. NUMBER	DRAWN
	02/18/98
RECEIVED	REPORTED
02/19/98 23:49	02/22/98 22:15
AGE: 41Y	SEX: F

TEST NAME	RESULTS	REFERENCE RANGES
VON WILLEBRAND ANTIGEN	15 *	60-150 % normal
LUPUS ANTICOAGULANT (LAC)	Not detected	Not detected
Dilute Russel Viper Venom (DRVV) screening test is normal, ruling out the presence of lupus anticoagulant, factor deficiency or factor inhibitor.		

VON WILLEBRAND FACTOR ANTIGEN QUANTITATION, EIA: Coagulant factor VIII is decreased in two inherited diseases; von Willebrand's disease and hemophilia. Although the bleeding time is usually prolonged in severe von Willebrand's disease and normal in hemophilia, the distinction is sometimes not easy. This assay measures the von Willebrand Factor VIII antigen (VWF:Ag) portion of the von Willebrand factor complex. Normal values range from 60 to 150%, relative to a pool of normal plasma. VWF:Ag is usually decreased or absent in von Willebrand's disease, depending on the severity of the disease. In hemophilia A the VWF:Ag is normal (whereas the VIII:C activity is decreased or absent). Elevated levels are seen when there is injury to the vascular endothelium, such as in cancer, fever, hepatic or renal disorder, thrombosis and myocardial infarction. Levels also increase above normal during pregnancy, use of birth control pills, physical exercise, stress and increase with age.

RECOMMENDATIONS: Please call [redacted] with the accession number of this specimen if you would like to request von Willebrand Factor Multimeric Analysis (Code [redacted] which classifies the multimeric pattern. This is helpful since the quantitative level of VWF:Ag may be normal even though the larger multimers and/or intermediates are missing (Type II variant). Since frozen citrated plasma is required, an additional sample will be required if more than 1 frozen aliquot was not initially submitted. All specimens are stored frozen for four weeks at

000040

[REDACTED]

[REDACTED]

COUNT NUMBER	ACCESSION NUMBER
[REDACTED]	[REDACTED]
PATIENT NAME	
[REDACTED]	
REFERRING PHYSICIAN	
[REDACTED]	
NOTES	
[REDACTED]	
PATIENT I.D. NUMBER	DRAWN
[REDACTED]	
RECEIVED	REPORTED
02/19/98 23:49	02/22/98 22:15
AGE: 41Y	SEX: F

[REDACTED]

LUPUS ANTICOAGULANT (LAC), Dilute Russel viper venom time test (DRVV) and DRVV confirmation: Lupus anticoagulant may be found in sera with high concentrations of cardiolipin antibodies and vice versa. [REDACTED]

000041

[REDACTED]

[REDACTED]

ACCOUNT NUMBER	ACCESSION NUMBER
PATIENT NAME	
REFERRING PHYSICIAN	
NOTES	
PATIENT I.D. NUMBER	DRAWN
	02/18/98 15:40
RECEIVED	REPORTED
02/19/98 22:27	02/24/98 11:58

AGE: 41Y SEX: F

TEST NAME

RESULTS

REFERENCE RANGES

FACTOR V MUTATION (LEIDEN)

Not detected

Not detected

Results and submitted clinical information reviewed by:

*** PLEASE NOTE UPDATED REPORT (1/29/98) ***

FACTOR V MUTATION (LEIDEN), PCR: The Factor V (Leiden) R506Q mutation is present in 45% of familial thrombophilia and is the most common genetic cause of venous thrombosis. The mutation renders the Factor V protein partially resistant to inactivation by activated protein C (APC). The Factor R506Q mutation is present in >80% of individuals with activated protein C resistance. Relative to individuals who do not have the R506Q mutation, heterozygote carriers have a 7.8-fold increased risk of venous thrombosis, and homozygotes are 91 times more susceptible. The Factor V Leiden mutation has carrier frequencies of 2 - 13% among various European populations, but is rare among Africans, Asians, or Native Americans. The test employs enzymatic digestion of PCR-amplified DNA to detect the R506Q mutation and is highly accurate. Rare diagnostic errors may occur due to the presence of DNA polymorphisms. This assay should be used in conjunction with Activated Protein C Resistance testing (test code) if clinically indicated.

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FINAL REPORT

Page: 1

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

REFERENCE PROCEDURES

Unlisted Test 02/18/98 [REDACTED] VARICELLA-ZOSTER VIRUS IGG AB, CSF: 0.88 EIA VALUE
REFERENCE RANGE FOR CSF HAVE NOT BEEN ESTABLISHED.

Test performed at [REDACTED]

Please see original report on chart for complete results.

Unlisted Test 02/18/98 [REDACTED] FACTOR V MUTATION (LEIDEN): NOT DETECTED
REFERENCE RANGE: NOT DETECTED

Test performed at [REDACTED]

See chart for original report from reference laboratory.

Unlisted Test 02/18/98 [REDACTED] APC RESISTANCE PROFILE

	REFERENCE RANGE
PTT: 41 SEC	25 - 40 SEC
PTT 1:1 ML: 35 SEC	25 - 40 SEC
APC RESIST. (PTT BASED) 1.14	0.88 - 1.16
APC RESIST. (PT BASED) NOT APPL	NOT APPL

Test performed at [REDACTED]

Unlisted Test 02/18/98 [REDACTED] VON WILLEBRAND AG: 15 % NORMAL
REFERENCE RANGE: 60 - 150 % NORMAL

Test performed at [REDACTED]

See chart for original report from reference laboratory.

Unlisted Test 02/14/98 [REDACTED] HOMOCYSTEINE: 8.1 nmol/ml
REFERENCE RANGE: 5 - 18 nmol/ml

Test performed at [REDACTED]

See chart for original report from reference laboratory.

Antithrom III 02/18/98 [REDACTED] ANTITHROMBIN III ACTIVITY: 114 % OF NORMAL 81 - 123

Test performed at [REDACTED]

Please see original report on chart for complete results.

Continued ...

FINAL REPORT

02/27/98 [REDACTED]

Printed:

Page:

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Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

REFERENCE PROCEDURES

HTLV-III AB 02/14/98 [REDACTED] Please see confidential report on patient's chart.

Test performed at [REDACTED]

COLLECTION DATE 02/24/98 02/18/98 02/18/98

COLLECTION TIME 1210 1800 1535

REFERENCE

ANA PATTERN

see fn*f

02/24/98 1210

Result: HOMOGENEOUS

ANA ANTIBODIES

TITER see fnHf

02/24/98 1210

Result: 1:80

ANA PATTERN 2

NUCLEOLAR

ANA TITER 2

1:80

REFERENCE RANGE:

<1:40

NEGATIVE

1:40 - 1:80

LOW ANTIBODY LEVEL

>1:80

ELEVATED ANTIBODY LEVEL

ANGIOTENSIN-1-CONVERTING ENZYM

8-52

U/L

5Lf

02/24/98 1210

VERIFIED BY REPEAT ANALYSIS

PROTEIN C, ACTIVITY

70-140

see fn

58Lf

02/18/98 1535

Units: % OF NORMAL

PROTEIN S, ACTIVITY

58-130

see fn

43Lf

02/18/98 1535

Units: % OF NORMAL

VDRL, CSF

see fn

see fnf

02/18/98 1800

Result: NON-REACTIVE

Range: NON-REACTIVE

Footnotes

L = Low, H = High, * = Abnormal, f = Footnote

= ANA PATTERN, ANA ANTIBODIES, ANGIOTENSIN-1-C, VDRL, CSF Performed at [REDACTED]

= PROTEIN C, ACTI, PROTEIN S, ACTI Performed at [REDACTED]

Continued ...

FINAL REPORT

02/27/98 [REDACTED]

Printed:

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Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

REFERENCE PROCEDURES

COLLECTION DATE 02/14/98 02/11/98
COLLECTION TIME 0800 0740

REFERENCE

ANA PATTERN

see fn*f

02/11/98 0740

Result: HOMOGENEOUS

ANA ANTIBODIES

TITER

see fnBf

02/11/98 0740

Result: 1:40

REFERENCE RANGE:

<1:40 NEGATIVE

1:40 - 1:80 LOW ANTIBODY LEVEL

>1:80 ELEVATED ANTIBODY LEVEL

C-REACTIVE PROTEIN

<0.80

MG/DL

<0.50

CARDIOLIPIN IGA AB

SDU

<10f

02/11/98 0740

RESULT:

INTERPRETATION:

<10

NEGATIVE (SEE NOTE)

10 OR GREATER

POSITIVE

NOTE: IGA CARDIOLIPIN ANTIBODY IS EXPRESSED AS MULTIPLE STANDARD DEVIATION UNITS (SDU) ABOVE THE MEAN OF A SELF-SELECTED, ASYMPTOMATIC CONTROL POPULATION. THE DISTRIBUTION OF VALUES FOR THE CONTROL POPULATION IS NON-PARAMETRIC.

CARDIOLIPIN IGG AB

GFL/ML

<10f

02/11/98 0740

RESULT:

INTERPRETATION:

<10

NEGATIVE

10-20

LOW POSITIVE

21-100

MODERATE POSITIVE

>100

HIGH POSITIVE

Footnotes

H = High, * = Abnormal, f = Footnote

= ANA ANTIBODIES, C-REACTIVE PROT, CARDIOLIPIN IGA, CARDIOLIPIN IGG Performed at [REDACTED]

Continued ...

FINAL REPORT

02/27/98

Printed:

Page: 13
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Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

REFERENCE PROCEDURES

COLLECTION DATE 02/14/98 02/11/98
COLLECTION TIME 0800 0740

REFERENCE

CARDIOLIPIN IGM AB

MPL/ML

<10f

02/11/98 0740

RESULT:

<10

10-20

21-60

>60

INTERPRETATION:

NEGATIVE

LOW POSITIVE

MODERATE POSITIVE

HIGH POSITIVE

CARDIOLIPIN MESSAGE:

02/11/98 0740

ANTIBODIES TO CARDIOLIPIN HAVE BEEN FOUND IN A SUBGROUP OF PATIENTS WITH AUTOIMMUNE DISORDERS, AS WELL AS IN SOME PATIENTS WITH ACUTE INFECTION, FAILED CORONARY ARTERY BYPASS SURGERY, MYOCARDIAL INFARCTIONS, ARC AND AIDS. HIGH LEVELS OF CARDIOLIPIN ANTIBODIES OF THE IGG ISOTYPE HAVE BEEN ASSOCIATED WITH ARTERIAL AND VENOUS THROMBOSIS, RECURRENT FETAL LOSS AND THROMBOCYTOPENIA. THE SPECIFICITY AND PREDICTIVE VALUE INCREASE WITH THE LEVEL OF CARDIOLIPIN ANTIBODIES. PATIENTS WITH HIGH LEVELS OF CARDIOLIPIN ANTIBODIES SHOULD BE FOLLOWED PROSPECTIVELY.

SERIAL MEASUREMENT OF CARDIOLIPIN ANTIBODIES MAY BE USEFUL IN THE LONGITUDINAL MONITORING OF THE PATIENTS AT RISK OR TO DETERMINE THE EFFECTIVENESS OF THERAPY.

Footnotes

f = Footnote

= CARDIOLIPIN IGM, CARDIOLIPIN MES Performed at [REDACTED]

Continued ...

FINAL REPORT

02/27/98 [REDACTED]

Printed:

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000046

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 42 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: 705 A

REFERENCE PROCEDURES

Lupus Anticoag 02/18/98 1535 LUPUS ANTICOAGULANT: NOT DETECTED

REFERENCE RANGE: NOT DETECTED

Test performed at [REDACTED]

See chart for original report from reference laboratory.

End of Chart

FINAL REPORT

05/10/98 [REDACTED]

Printed:

Page:

1 000047

Patient: [REDACTED]
Med. Rec. No.: [REDACTED]
Age / Sex: 41 YRS FEMALE
Physician: [REDACTED]
Nursing St.: [REDACTED]
Room: [REDACTED]

REFERENCE PROCEDURES

Cocci Latex AG 02/14/98 0800 COCCIDIOIDAL SEROLOGY COMPLEMENT FIXATION RESULTS

Source: BLOOD

Blood incubated for two hours at 37 degrees C.

CSF incubated overnight at 5 degrees C.

Date tested: 2-24-98

Test Results

Anticomplement Control

1:2 1:4 1:8 1:16 1:32 1:64 1:128 1:256 1:2 1:4 1:8

0 0 0

1:512 1:1024

Interpretation:

Date of onset would be important in interpretation. Any coccidioidal infection is so well focalized serology is not positive to diagnostic level.

If onset of illness has been within the past four weeks you may wish to followup with another serum in 2 to 3 weeks.

Test performed at [REDACTED]

See chart for original report from reference laboratory.

Continued ...

FINAL REPORT

COCCIDIOIDAL SEROLOGY REPORT

PATIENT NAME: [REDACTED]
NUMBER: [REDACTED]

DATE: 02/25/98

PHYSICIAN: [REDACTED]

COCCIDIOIDAL SEROLOGY RESULTS

TEST(S) CURRENT
SOURCE * RECVD ORDERED
BLD 02-20 [REDACTED]

IMMUNODIFFUSION (ID) TEST
[qualitative for PPTN(IgM) & CF(IgG)]
NOT ORDERED

COMPLEMENT FIXATION TEST (quantitative)

*BLD=Serum incubated for two hours at 37 degrees C.
Spinal Fluid incubated overnight at 5 degrees C.

SPEC #	SOURCE	DRAWN	TESTED	1:	1:	1:	1:	1:	1:	1:	1:	1:	1:	1:	Anticomplement Control
[REDACTED]	BLD	02-14	02-24	2	4	8	16	32	64	128	256	512	1024	1:2 1:4 1:8	
				0	0	0									

INTERPRETATION:

Time of onset would be important in interpretation. Any coccidioidal infection is so well focalized serology is not positive to diagnostic level.

If onset of illness has been within the past four weeks
you may wish to followup with another serum in 2 to 3 weeks.

000049

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

REFERENCE PROCEDURES

Unlisted Test 03/05/98 0500 ANTI-FACTOR Xa: 0.0
REFERENCE RANGE: 0.35 - 0.67

Unlisted Test 03/04/98 0900 [REDACTED] PANEL

	TEST PERFORMED AT	REFERENCE RANGE
TRIGLYCERIDES:	168	<200 MG/DL
CHOLESTEROL, T:	245	<200 MG/DL
HDL-CHOLESTEROL:	73	>34
LDL-CHOLESTEROL:	138	0 - 130
CHOL/HDL C RATIO:	3.36	<4.45

LIPID PHENOTYPE

SERUM: CLEAR

CHYLOMICRONS: NONE DETECTED

LIPID PHENOTYPE: NORMAL

Test performed at [REDACTED]

Please see original report on chart for complete results.

Unlisted Test 03/04/98 0900 RISTOCETIN COFACTOR: 106%
REFERENCE RANGE: >50

3/6 000050

Continued ...

Printed: 03/08/98 [REDACTED]

FINAL REPORT

Patient:

Med. Rec. No.:

Age / Sex: 41 YRS FEMALE

Physician:

Nursing St.:

Room:

REFERENCE PROCEDURES

Unlisted Test 03/06/98 0535 ANTI-FACTOR Xa: 0.47

REFERENCE RANGE: 0.35 - 0.67

TEST PERFORMED AT

End of Chart

FINAL REPORT

03/09/98

Printed:

Page:

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RUN DATE: 02/18/98
RUN TIME: 1535

PAGE 1

ATTENT: [REDACTED] ACCT #: [REDACTED] LOC: [REDACTED] U #: [REDACTED]
REG DR: [REDACTED] AGE/SX: 41/F ROOM: [REDACTED] REG: 12/29/97
DOB: [REDACTED] BED: [REDACTED] DIS: 01/15/98
STATUS: [REDACTED] TLOG: [REDACTED]

SPEC #: [REDACTED] COLL: 01/05/98-1948 STATUS: [REDACTED] REQ #: [REDACTED]
RECD: 01/05/98-2006 SUBM DR: [REDACTED]

ENTERED: 01/05/98-1949

OTHER DR:

ORDERED: CSF PANEL/R

COMMENTS: Specimen Comments: DO TESTING ON TUBE # [REDACTED] SAVE TUBES [REDACTED]
AND [REDACTED]

Test	Result	Flag	Reference
<u>CSF PANEL</u>			
VOLUME	10.6		ML
APPEARANCE	CLEAR		
COLOR	COLORLESS		
WBC	50		
RBC	0		
% CRENATED	0		%
POLY	0		%
MONO	100		%
CSF PROTEIN	50		12-60 MG/DL
CSF GLUCOSE	54		40-70 MG/DL

** END OF REPORT **

000052

LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
1				01/06/98 1214	01/06/98	01/20/98 13:00	

Remarks

Report Status	Test	Result	Units	Reference Range	Site Code
		In Range Out of Range			

CRYPTOCOCCUS ANTIGEN (CSF)	NONE DETECTED	NONE DETECTED		
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MYELIN BASIC PROTEIN, CSF

<1.0

NG/ML

REFERENCE RANGE:

NEGATIVE: <4

WEAKLY POSITIVE: 4-8

POSITIVE: >8

MBP LEVELS IN CSF GREATER THAN 8 NG/ML ARE INDICATIVE OF AN ACUTE DEMYELINATING EPISODE, SUCH AS OCCURS WITH EXACERBATIONS OF MULTIPLE SCLEROSIS. BECAUSE MBP IS RAPIDLY DEGRADED, LEVELS BETWEEN 4 AND 8 NG/ML ARE FOUND DURING RECOVERY FROM ACUTE ATTACKS OR IN THOSE INDIVIDUALS WITH CHRONIC, LOW-GRADE DEMYELINATION. ELEVATIONS OF MBP ARE NOT SPECIFIC FOR MULTIPLE SCLEROSIS, AND MAY BE FOUND IN OTHER DEMYELINATING DISEASES, SUCH AS TRANSVERSE MYELITIS, LEUKODYSTROPHIES, CNS NEOPLASMS, AND SYSTEMIC LUPUS ERYTHEMATOSUS.

* OLIGOCLONAL BANDING (CSF)

ELECTROPHORESIS OF CSF REVEALS THE PRESENCE OF 1 BAND IN THE GAMMA REGION. THIS IS NOT TYPICAL OF OLIGOCLONAL BANDING BUT DOES NOT RULE IT OUT. ELECTROPHORESIS OF SERUM REVEALS A NORMAL PATTERN.

NONE DETECTED

IMMUNOGLOBULIN G, CSF
ALBUMIN, CSF
IMMUNOGLOBULIN G, SERUM
ALBUMIN, SERUM
ALBUMIN INDEX
CSF IGG INDEX
CSF IGG SYNTHESIS

3.1
31.4
4190
133
0.6

640 L

MG/DL
MG/DL
MG/DL
MG/DL

MG/24 HR

0.5-5.9
7.7-32.0
694-1618
3400-5000
>130
<0.7
0-3.5

>> REPORT CONTINUED ON NEXT PAGE <<

000053

LABORATORY REPORT

Patient Name		Patient ID/Hospital ID		Room No.	Age	Sex	Physician
					41	F	
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time	
2				01/06/98 1214	01/06/98	01/20/98 13:00	
Remarks							

Report
Status

FINAL

Test

Result
In Range Out of Range

Units

Reference
Range

Site
Code

* (CONTINUED)

<3.3

SYNTHETIC RATE WITHIN REFERENCE INTERVAL.

TAKEN TOGETHER, THE CSF IGG SYNTHESIS RATE AND IGG AND ALBUMIN INDICES ARE USED TO DETERMINE IF THERE IS EXCESSIVE SYNTHESIS OF IGG WITHIN THE CNS. AN ELEVATED IGG INDEX AND DECREASED ALBUMIN INDEX IS CONSISTENT WITH A TRAUMATIC TAP OR BLOOD-BRAIN BARRIER DAMAGE. A DECREASE IN THE ALBUMIN INDEX ALONE IS CONSISTENT WITH DAMAGE TO THE BLOOD-BRAIN BARRIER. ELEVATIONS IN CSF IGG SYNTHESIS RATE ARE SEEN IN 80-90% OF MULTIPLE SCLEROSIS PATIENTS, BUT ARE ALSO FOUND IN MENINGITIS, NEUROSYPHILIS, CNS LUPUS, AND SUBACUTE SCLEROSING PANENCEPHALITIS.

COCCIDIODES AB BY CF,CSF

NONE DETECTED

TITER

SERUM ANTIBODY TITERS SHOULD ALWAYS BE PERFORMED IN CONJUNCTION WITH CSF STUDIES. SERUM/CSF ANTIBODY RATIOS OF APPROXIMATELY 100:1 CAN OCCUR BECAUSE OF SIMPLE DIFFUSION OF SERUM ANTIBODIES INTO THE SPINAL FLUID. RATIOS OF 20:1 OR LESS ARE SUGGESTIVE OF ANTIBODY PRODUCTION IN THE CENTRAL NERVOUS SYSTEM.

refers to site:

refers to site:

>> END OF REPORT <<

000054

RUN DATE: 01/09/98
RUN TIME: 1623

CUMULATIVE SUMMARY

PAGE 5

Name: [REDACTED] (Continued) Account #: [REDACTED]
Unit: [REDACTED]

Microbiology Summary

- Rcv Date Time Specimen # Source Sp Desc P/F Organisms ...
> 01/06/98 1141 [REDACTED] CSF P <none>

<<<<<<< CEREbroSPINAL FLUID CULTURES >>>>>>>

Specimen: [REDACTED] RES Collected: 01/06/98 0900 Received: 01/06/98 1141
Source: CEREbroSPINAL FLUID

AFB SMEAR (CONC.) (k)

Final 01/08/98
NO ACID FAST BACILLI SEEN

NOTES: [REDACTED] Test performed at [REDACTED]
[REDACTED]

000055

** END OF REPORT **

RUN DATE: 03/05/98
RUN TIME: 0603

DISCHARGE REPORT

PAGE 6

Name: [REDACTED] (Continued) Account #: [REDACTED]
Unit: [REDACTED]

Microbiology Summary

Rcv Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms
01/06/98	1141	[REDACTED]	CSF		F	<none>

<<<<<<<< CEREbroSPINAL FLUID CULTURES >>>>>>>>

Specimen: [REDACTED] COMP Collected: 01/06/98 0900 Received: 01/06/98 1141
Source: CEREbroSPINAL FLUID

AFB SMEAR (CONC.) (ab)

Final 01/08/98
NO ACID FAST BACILLI SEEN

ACID FAST CULTURE (ab)

Final 03/04/98
NO GROWTH AFTER TWO MONTHS

NOTES: (ab) Test performed at [REDACTED]
[REDACTED]

** END OF REPORT **

000056

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

BODY FLUIDS

COLLECTION DATE 02/18/98 02/18/98

COLLECTION TIME 1805 1805

REFERENCE

CEREBROSPINAL FLUID

CSF Tube #		4	1
CSF Volume	ML	1.5	2.0
CSF Color	COLRLESS	COLRLESS	COLRLESS
CSF Clarity		CLEAR	CLEAR
CSF Supernatant	COLRLESS	COLRLESS	COLRLESS
CSF WBC Count	0-8 /CMM	19HI	21HI
CSF RBC Count	0-0 /CMM	1H	0
Polymorphonuclear	%	0	0
Mononuclear	%	100	100
CSF Protein	15-45 MG/DL		58H
CSF Glucose	40-70 MG/DL		59

Footnotes

H = High, f = Footnote

CSF WBC Count.. 02/18/98 1805 MESOTHELIAL CELLS FEW

CSF WBC Count.. 02/18/98 1805 MESOTHELIAL CELLS FEW

Continued ...

FINAL REPORT

Printed:

02/27/98

Page:

6 000057

LABORATORY REPORT

MICROFILM#

PATIENT NAME		PATIENT ID		ROOM NO	AGE	SEX	PHYSICIAN
					41	F	
PAGE	REQUISITION NO	ACCESSION NO	LAB REF #	COLLECTION DATE & TIME		LOG-IN-DATE	REPORT DATE & TIME
1				02/18/98 1915		02/20/98	02/23/98 12:17PM

REMARKS

STATUS FINAL

TEST

RESULT

IN RANGE

OUT OF RANGE

UNITS

REFERENCE RANGE

SITE CODE

ICELLA-ZOSTER VIRUS
IGG AB, CSF

0.88

EIA VALUE

THE ABOVE RESULT WAS OBTAINED ON A CSF SPECIMEN. REFERENCE RANGES HAVE NOT BEEN ESTABLISHED FOR THIS SPECIMEN TYPE. THE PREFERRED SPECIMEN TYPE FOR THIS ASSAY IS SERUM. LISTED BELOW ARE THE REFERENCE RANGES ESTABLISHED FOR SERUM SPECIMENS; TO BE USED ONLY AS A POINT OF REFERENCE.

EIA VALUE	EXPLANATION OF TEST RESULTS
< OR = 0.90	NEGATIVE - NO VZV IGG ANTIBODY DETECTED
0.91 - 1.09	EQUIVOCAL
> OR = 1.10	POSITIVE - VZV IGG ANTIBODY DETECTED

>> END OF REPORT <<

000058

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 42 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

STAINS AND PREPS

ORDERED PROCEDURE

COLLECTION DATE/TIME

AFB CULTURE

ACC# [REDACTED]

COLLECTED: 02/18/98 1800

SOURCE: CSF

RECEIVED: 02/18/98 2057

CSF TUBE# [REDACTED]

STAINS & PREPARATIONS

AFB STAIN

02/19/98 1922

SOURCE: CSF TUBE # [REDACTED]

NO ACID-FAST BACILLI SEEN.

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

PRELIMINARY REPORT

03/19/98 1602

NO GROWTH AT 4 WEEKS

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

FINAL REPORT

04/17/98 1443

NO MYCOBACTERIA ISOLATED.

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

Continued ...

FINAL REPORT

04/18/98 [REDACTED]

Printed:

Page:

1

000059

Patient:

Med. Rec. No.:

Age / Sex: 41 YRS FEMALE

Physician:

Nursing St.:

Room:

MICROBIOLOGY - CSF CULTURES

CSF CULTURE W/GRAM STAIN

ACC#

COLLECTED: 02/18/98 1800

SOURCE: CSF

RECEIVED: 02/18/98 2058

CSF TUBE#

STAINS & PREPARATIONS REPORT

GRAM STAIN

02/19/98 0726

CYTOSPIN GRAM STAIN SHOWS:

LEUKOCYTES PRESENT

NO ORGANISMS SEEN.

INDIA INK PREP

02/19/98 0726

NO ENCAPSULATED YEAST CELLS SEEN

PRELIMINARY REPORT

02/19/98 0901

NO GROWTH, CULTURE PENDING.

CULTURE WILL BE HELD FOR 7 DAYS; INTERIM REPORT(S) TO

FOLLOW IF GROWTH OCCURS.

FINAL REPORT

02/25/98 0915

NO GROWTH AT 7 DAYS

Continued ...

FINAL REPORT

02/27/98

Printed:

Page:

8

000060

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

MICROBIOLOGY - FUNGUS CULTURES

FUNGUS CULTURE

ACC# [REDACTED]

COLLECTED: 02/18/98 1800

SOURCE: CSF

RECEIVED: 02/18/98 2057

CSF TUBE# [REDACTED]

STAINS & PREPARATIONS REPORT

FUNGAL STAIN

02/19/98 1922

SOURCE: CSF TUBE # [REDACTED]

NO FUNGAL ELEMENTS SEEN.

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

PRELIMINARY REPORT

03/04/98 1932

NO GROWTH AT 2 WEEKS

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

FINAL REPORT

03/17/98 1951

NO FUNGI ISOLATED

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

Continued ...

FINAL REPORT

03/18/98 [REDACTED]

Printed:

Page:

1

000061

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 42 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

MICROBIOLOGY - AFB CULTURES

AFB CULTURE

ACC# [REDACTED]

COLLECTED: 02/18/98 1800

SOURCE: CSF

RECEIVED: 02/18/98 2057

CSF TUBE# [REDACTED]

STAINS & PREPARATIONS REPORT

AFB STAIN

02/19/98 1922

SOURCE: CSF TUBE [REDACTED]

NO ACID-FAST BACILLI SEEN.

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

PRELIMINARY REPORT

03/19/98 1602

NO GROWTH AT 4 WEEKS

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

FINAL REPORT

04/17/98 1443

NO MYCOBACTERIA ISOLATED.

TEST PERFORMED AT:

DIRECTOR: [REDACTED]

Continued ...

FINAL REPORT

04/18/98 [REDACTED]

Printed.

Page:

2

000062

MICROFILM#

PATIENT NAME	PATIENT ID	ROOM NO.	AGE	SEX	PHYSICIAN
REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE & TIME
			02/18/98 1800	02/19/98	03/18/98 6:08AM

REMARKS

AF98-00126/FG98-00282

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			

CULTURE, FUNGUS
 GAL STAIN
 SOURCE: CEREBROSPINAL FLUID
 FUNGAL SMEAR: NO FUNGAL ELEMENTS SEEN

CULTURE, FUNGUS
 CULTURE, FUNGUS
 SOURCE: CEREBROSPINAL FLUID
 STATUS: FINAL
 CULTURE: NO FUNGI ISOLATED

CULTURE, MYCOBACTERIUM
 D-FAST SMEAR:
 SOURCE: CEREBROSPINAL FLUID
 ACID-FAST STAIN: NO ACID FAST BACILLI SEEN

CULTURE, MYCOBACTERIUM
 CULTURE, MYCOBACTERIUM
 SOURCE: CEREBROSPINAL FLUID
 STATUS: PRELIMINARY
 CULTURE: NO GROWTH AT 4 WEEKS.

>> END OF REPORT <<

000063

Patient: [REDACTED]

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

URINALYSIS

COLLECTION DATE 02/22/98

COLLECTION TIME 0845

REFERENCE

ROUTINE MACROSCOPIC

Appearance	SL HAZY
Color	YELLOW
Spec Gravity	1.001-1.035 1.025
PH	4.8-8.0 6.0
Leukocyte Ester	NEG
Nitrate	NEG
Protein	NEG
Glucose	NEG
Urobilinogen	NEG
Ketones	NEG
Bilirubin U	NEG
Blood	NEG

ROUTINE MICROSCOPIC

Squamous Epith	0-2
WBC	0 - 2*
RBC	0 - 1*
Bacteria	MODERATE*

Footnotes

* = Abnormal

Continued ...

FINAL REPORT

02/27/98

Printed:

Page:

5

000064

Med. Rec. No.: [REDACTED]

Age / Sex: 41 YRS FEMALE

Physician: [REDACTED]

Nursing St.: [REDACTED]

Room: [REDACTED]

URINALYSIS

COLLECTION DATE 02/27/98

COLLECTION TIME 0920

REFERENCE

ROUTINE MACROSCOPIC

Appearance	SL HAZY
Color	STRAW
Spec Gravity	1.001-1.035 1.015
PH	4.8-8.0 6.0
Leukocyte Ester	NEG
Nitrate	NEG
Protein	NEG
Glucose	NEG
Urobilinogen	NEG
Ketones	NEG
Bilirubin U	NEG
Blood	TRACE*

ROUTINE MICROSCOPIC

Squamous Epith	0-3
WBC	0 - 2*
RBC	4 - 6*
Bacteria	FEW*

Footnotes

* = Abnormal

Continued ...

FINAL REPORT

03/07/98

Printed:

Page:

000065

Med. Rec. No.:

Age / Sex:

41 YRS

FEMALE

Physician:

Nursing St.:

Room:

MICROBIOLOGY - URINE

URINE CULTURE

ACC#

COLLECTED: 02/27/98 1000

SOURCE: URINE

RECEIVED: 10/27/98 1225

PRELIMINARY REPORT

02/28/98 1224

40,000 CFU/ML STAPHYLOCOCCUS SPECIES-COAGULASE NEGATIVE

FINAL REPORT

03/01/98 0918

40,000 CFU/ML STAPHYLOCOCCUS SPECIES-COAGULASE NEGATIVE

Continued ...

FINAL REPORT

03/07/98

Printed:

Page:

6

000066

Rec. No.:
Age / Sex: 41 YRS FEMALE
Physician:
Nursing St.:
Room:

STAINS AND PREPS

ORDERED PROCEDURE

COLLECTION DATE/TIME

ORDERABLE PREP
SOURCE: GENITAL
VAGINAL

ACC#

COLLECTED: 03/07/98 1700

RECEIVED: 03/07/98 1803

STAINS & PREPARATIONS

PREP

03/08/98 1018

NO YEAST CELLS OR FUNGAL ELEMENTS SEEN.

End of Chart

FINAL REPORT

03/22/98

Printed:

Page:

6

000067

12 LEAD ELECTROCARDIOGRAM INTERPRETATION

DATE/TIME

12/25/97 10:13

AGE/SEX

41/Female

ROOM/PHYSICIAN

Dr. [REDACTED]

RATE

ATRIAL

VENTRICULAR

RHYTHM

88

INTERVALS

PR

141

QRS

QT

76

QRS AXIS

357

70

INTERPRETATION:

Sinus rhythm with a rate of 88.
Minor nonspecific St-T wave changes

d12/30/97

ty12/30/ [REDACTED]

SIGNATURE

M.D.

CARDIOPULMONARY SERVICES
12 LEAD ELECTROCARDIOGRAM INTERPRETATION

000068

12/25/1997 10:13:47
41 years Female

Room:
Oper:

Rate 88 Normal sinus rhythm, rate 88
PR 141
QRSd 76
QT 357
QTc 432

MED. REC.

ORDER:

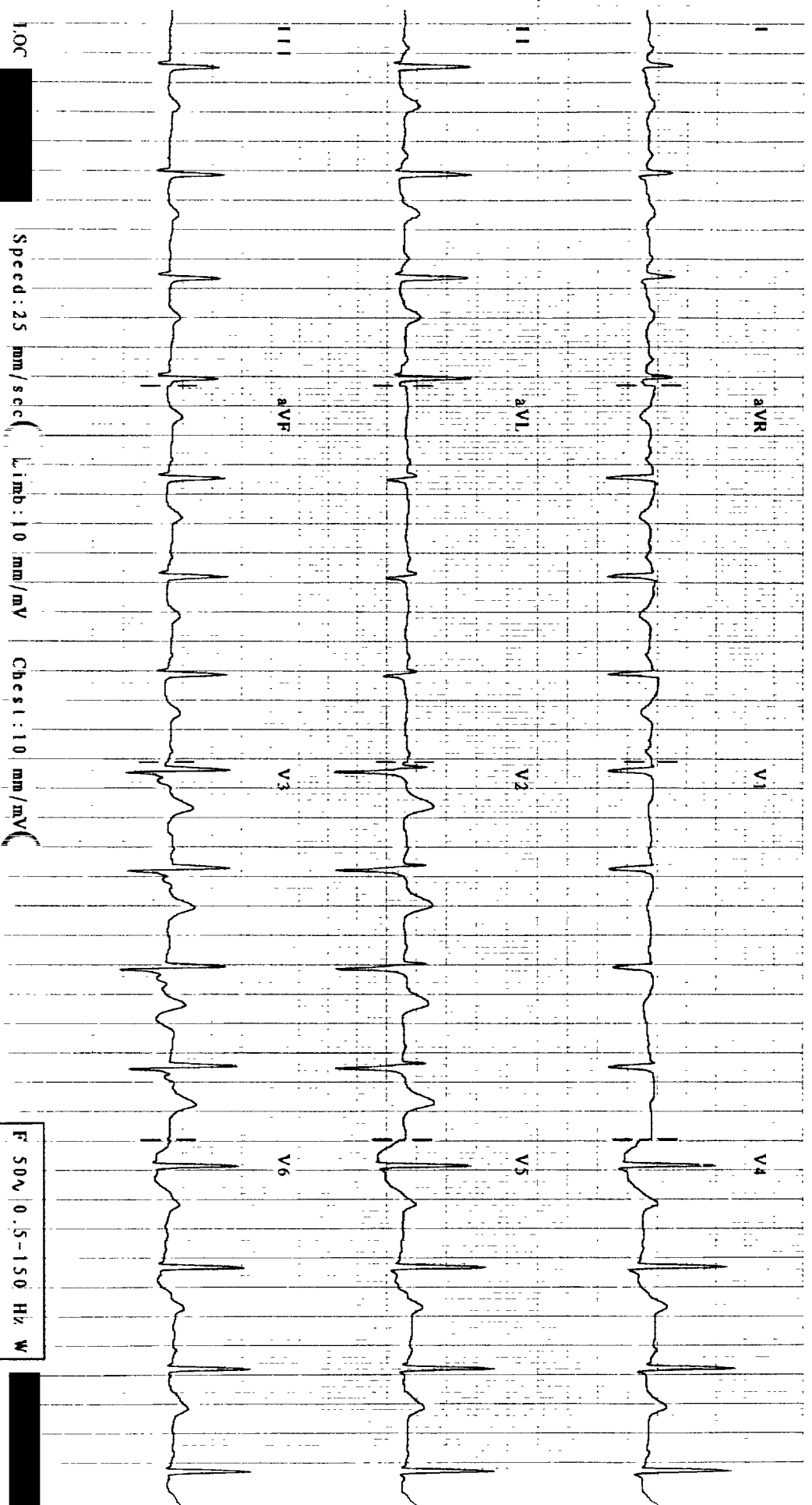
Requested by:

000069

--AXIS--
P 30
QRS 70
T 56

- NORMAL ECG -

PRELIMINARY-MD MUST REVIEW



RADIOLOGISTS

RADIOLOGISTS

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO
			F	
ORDERING PHYSICIAN	LOCATION			MEDICAL RECORD NO
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO
		41	12/25/97	

REPORT

EXAMS: CHEST VIEW -

CHEST:

CLINICAL HISTORY: LEFT-SIDED WEAKNESS. SLURRED SPEECH.

A single portable semi-upright view, obtained at approximately 1120 hours, demonstrates no significant cardiomediastinal or pulmonary abnormalities.

CONCLUSION:

RADIOGRAPHICALLY NORMAL CHEST.

CC: MD

CODE:

TECHNOLOGIST: 1628

TRANSCRIBED DATE/TIME: 12/25/97 1628

TRANSCRIPTIONIST: BATCH NO

PRINTED DATE/TIME: 12/25/97 1709

PAGE 1

CHART

I.D.

000070

Patient: [REDACTED]
Date of Examination: 27-Feb-98

Exam #: [REDACTED]

CT SCAN OF THE CHEST WITH INTRAVENOUS CONTRAST:

CLINICAL HISTORY: Suspected SVC obstruction.

TECHNIQUE:

Informed consent was obtained. Following intravenous administration of approximately 150 cc of Optiray-320, multiple sequential axial images of the chest were obtained.

MARK 001098

FINDINGS:

Pleural spaces and lungs are clear. There is no pleural effusion, no infiltrate and no pulmonary nodules. There is a good opacification of the SVC without any evidence of thrombus.

IMPRESSION: NORMAL RADIOGRAPHIC EXAMINATION OF THE CHEST. NO EVIDENCE OF SVC THROMBOSIS.

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
10:27 / 28-Feb-98

Dict: 27-Feb-98
Trans: 27-Feb-98

IMAGING REPORT
PHYSICIAN COPY

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 27-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000071

Patient: [REDACTED]
Date of Examination: 28-Feb-98

Exam #: [REDACTED]

MAR 05 1998

PORTABLE CHEST.

CLINICAL HISTORY: A 41-year-old female with history of cerebrovascular accident.

FINDINGS:

Comparison is made with the prior chest x-ray of 02/25/98.

The chest x-ray was taken in the expiratory phase of respiration.

The cardiomediastinal silhouette and diaphragm appear normal. The lungs and pleural spaces are clear.

The soft tissues and bones are intact.

IMPRESSION: NORMAL CHEST.

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
10:31 / 01-Mar-98

Dict: 28-Feb-98
Trans: 28-Feb-98

IMAGING REPORT
PHYSICIAN COPY

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 28-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000072

Patient: [REDACTED]
Date of Examination: 03-Mar-98

Exam #: [REDACTED]

PORTABLE CHEST:

CLINICAL HISTORY: CVA.

FINDINGS:

A portable view of the chest was obtained @ 05:00 hours on 03/03/98.

The heart and pulmonary vascularity are within normal limits and the lungs are clear of acute infiltrates, with no significant change since 02/28/98.

IMPRESSION: NO EVIDENCE OF EDEMA OR PNEUMONITIS, WITH NO SIGNIFICANT CHANGE.

signed: [REDACTED], M.D.
13:45 / 03-Mar-98

Dict: 03-Mar-98
Trans: 03-Mar-98

IMAGING REPORT
PHYSICIAN COPY

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 03-Mar-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED]

000073

PRELIMINARY REPORT

RADIOLOGY

	PERSON MAKING CALL	TIME
<input type="checkbox"/> RADIOLOGIST HAS CALLED M.D.	_____	_____
<input type="checkbox"/> STAT-CALL M.D. OR FLOOR	_____	_____
<input type="checkbox"/> RECEPTIONIST TO CALL M.D. (OUTPATIENT)	_____	_____
<input type="checkbox"/> SEND TO CHART, CLINIC, ER, RAD, RX OR OTHER	_____	_____
REPORT: <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE	

PHYSICIAN: _____

03-Mar-98

: CHEST PORTABLE

M.D.

SIGNATURE

000074

Patient: [REDACTED]
Date of Examination: 04-Mar-98

Exam #: [REDACTED]

PORTABLE CHEST:

CLINICAL HISTORY: Cerebrovascular accident.

FINDINGS:

Comparison is made to 3/3/98.

The lungs remain clear. No evidence of infiltrates, nodules, or effusions. The cardiac silhouette, pulmonary vasculature, and mediastinum are of normal size and configuration. The visualized bony skeleton is intact.

IMPRESSION: NO ACUTE CARDIOPULMONARY PROCESS EVIDENT
RADIOGRAPHICALLY.

NO INTERVAL CHANGE.

signed: [REDACTED], M.D.
15:31 / 05-Mar-98

Dict: 05-Mar-98
Trans: 05-Mar-98

I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 04-Mar-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000075

PATIENT: [REDACTED]
DATE OF EXAM: 12/26/97
DOCTOR: [REDACTED]

DOB: [REDACTED]
ID #: [REDACTED]

EXAM: MRI BRAIN

CLINICAL HISTORY: 41 year old woman with sudden onset of left-sided weakness and slurred speech approximately 24 hours ago. Rule out infarct. Initial CT done at [REDACTED] on 12-25-97 demonstrated no abnormalities.

TECHNIQUE: T1 weighted sagittal and double echo axial images were obtained. T2 weighted coronal images were also done. Axial images using FMPIR with a flip angle of 90 with a TR 9983, TE 195 effective, echo train of 1 over 1 with a TI 1700 was also obtained. A circle of Willis MR angiography was also performed in conjunction with the study.

FINDINGS: Abnormally increased signal noted in the pons predominantly on the right side on the T2 weighted axial images. Majority of the abnormal signal is noted right of the midline with a clear line of demarcation. There is no significant mass effect. Flow void is noted in the basilar artery. The cerebellopontine angle is within normal limits. The structures of the internal auditory canal are intact. The pons on the T1 weighted sagittal images is isointense with the rest of the brain. No mass effect noted on the 4th ventricle. Findings compatible with infarct.

All the ventricles and cisterns are open and within normal limits for size. No midline shift or mass effect. There is a 3mm focus of increased signal from the T1 weighted axial and coronal images. This most likely represents an infarct of indeterminate age. No significant adjacent edema or mass effect noted.

The optic chiasm, the pituitary stalk and the gland as well as the orbital structures are within normal limits. Punctate areas of increased signal noted in the periventricular white matter, noted in the centrum semiovale which may represent very mild ischemic changes. The sulci and gyri are symmetric. The paranasal sinuses are within normal limits.

(CONTINUED)

000076

PATIENT: [REDACTED]
DATE OF EXAM: 12/26/97
DOCTOR: [REDACTED]

DOB: [REDACTED]
ID #: [REDACTED]

EXAM: MRI BRAIN

(CONTINUED - PAGE 2)

IMPRESSION:

1. Abnormally increased signal noted in the pons, majority of the abnormal signal noted right of the midline with a clear line of demarcation. The sudden onset of symptoms and the findings described above are compatible with infarct. The brainstem demonstrates a normal signal. No significant mass effect. Normal flow void noted in the basilar artery.
2. A 3 mm area of increased signal noted in the left thalamus which most likely represents a small infarct of indeterminate age.
3. Punctate areas of increased signal intensity noted in the periventricular white matter which most likely represents mild periventricular white matter ischemic changes. Normal appearance of the corpus callosum and the optic nerves.

Thank you for referring this patient.

[REDACTED]
[REDACTED] M.D.

[REDACTED]
t: 12/29/97
[REDACTED]

000077

PATIENT: [REDACTED]
DATE OF EXAM: 12/26/97
DOCTOR: [REDACTED]

DOB: [REDACTED]
ID #: [REDACTED]

EXAM: MRA COW (CIRCLE WILLIS), ROUTINE

CLINICAL HISTORY: Sudden onset left-sided weakness in the last 24 hours.

TECHNIQUE: 3D Time-of-Flight MR angiography was performed through the circle of Willis.

FINDINGS: Patient bilateral internal carotid arteries. Patent bilateral middle cerebral arteries and bilateral posterior communicating arteries. Patent basilar artery and bilateral posterior cerebral arteries. The left anterior cerebral artery is patent and appears normal. No anterior communicating artery was identified. In the A2 segment of the right anterior cerebral artery, there appears to be a "kink/bend" noted. There is flow beyond and distal to this point.

IMPRESSION:

Essentially normal MR Angiography of the circle of Willis with bilaterally patent posterior communicating arteries, basilar artery, and the posterior cerebral artery.

Thank you for referring this patient.

[REDACTED]
[REDACTED] M.D.

[REDACTED]
C: 12/29/97
CC: [REDACTED]

000078

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO.
			F	
ORDERING PHYSICIAN	LOCATION		MEDICAL RECORD NO.	
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO.
		41	01/06/98	

REPORT

EXAMS: MRI/BRAIN/BRAIN STEM -

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN:

Magnetic resonance imaging of the brain was performed in a head coil using spin echo pulse sequences with a GE Signa 1.5 Tesla magnet. Sagittal T1 weighted images were obtained through the brain using 5 mm. slice thickness. Axial proton density and T2 weighted images were obtained from the skull base through the vertex using 5 mm. slice thickness. Coronal T1 weighted images were obtained through the brain using 5 mm. slice thickness.

The ventricular system is of normal caliber. There is no evidence of midline shift. There are no abnormal zones of increased or decreased signal intensity within the brain. The 7th and 8th nerve complexes are unremarkable. There are no extra-axial fluid collections. The visualized paranasal sinuses and orbits are unremarkable in appearance.

IMPRESSION:

NEGATIVE MRI STUDY OF THE BRAIN.

CC: MD; MD

TECHNOLOGIST:
 TRANSCRIBED DATE/TIME: 01/06/98 1520
 TRANSCRIPTIONIST: BATCH NO
 PRINTED DATE/TIME: 01/06/98 1521

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CHART COPY

M.D.

000079

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO.
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ORDERING PHYSICIAN	LOCATION		MEDICAL RECORD NO.	
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO.
		41	02/05/98	

REPORT

EXAMS: CT/HEAD W/O CONTRAST -

COMPUTERIZED TOMOGRAPHY OF THE BRAIN, WITHOUT CONTRAST,
INCLUDING BONE TECHNIQUE:

Utilizing the GE High Speed Advantage CT Scanner, high resolution 10.0 mm contiguous sections were obtained from the base of the brain through the convexity. The study was performed utilizing the special head phantom with 0.8 mm pixel size.

The ventricular system is of normal caliber. There is no evidence of midline shift or mass effect. There are no abnormal zones of increased or decreased density within the brain.

IMPRESSION:

NEGATIVE NONCONTRAST CT SCAN OF THE HEAD.

CC: MD; MD

TECHNOLOGIST:

TRANSCRIBED DATE/TIME: 02/05/98 1846

TRANSCRIPTIONIST: BATCH NO

PRINTED DATE/TIME: 02/05/98 1852

M.D.

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO.
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ORDERING PHYSICIAN	LOCATION			MEDICAL RECORD NO.
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO.
		41	02/06/98	

REPORT

EXAMS: MRI/BRAIN W/WO CONTRAST -

MAGNETIC RESONANCE IMAGING STUDY OF THE BRAIN W/WO CONTRAST:

Magnetic resonance imaging of the brain was performed in a head coil using spin echo pulse sequences with a GE Signa 1.5 Tesla magnet. Sagittal T1 weighted images were obtained through the brain using 5 mm. slice thickness. Axial proton density and T2 weighted images were obtained from the skull base through the vertex using 5 mm. slice thickness. Utilizing 5 mm. slice thickness, coronal T1 weighted images were obtained through the brain.

Following I.V. administration of contrast, 5 mm. slice thickness images were obtained through the brain.

FINDINGS:

There is an ill-defined focus of increased signal intensity in the pons best seen as areas of high signal on T2 weighted images. No other areas of abnormal signal intensity are present on non contrast images.

Post contrast images reveal no enhancement within the pons or any other portion of the brain. There are no extraaxial fluid collections or areas of abnormal extraaxial enhancement. Orbits, paranasal sinuses and sella are unremarkable in appearance. There are no mass lesions or areas of abnormal enhancement in the cerebellar pontine angles, or internal auditory canals.

IMPRESSION:

BRAINSTEM INFARCT AFFECTING THE PONS. THE FINDINGS ARE SOMEWHAT MORE PROMINENT THAN ON PRIOR STUDY DONE 1/6/98.

CC: MD

TECHNOLOGIST:

TRANSCRIBED DATE/TIME: 02/09/98 1602

TRANSCRIPTIONIST: BATCH NO:

PRINTED DATE/TIME: 02/09/98 1610

I.D.

Patient: [REDACTED]
Date of Examination: 12-Feb-98

Exam #: [REDACTED]

MRI OF THE BRAIN:

CLINICAL HISTORY: The patient is a 41-year-old female with multiple strokes.

TECHNIQUE:

Outside MRI films from [REDACTED] done 2/6/98, are interpreted.

Axial T1-weighted images, axial multiecho images, and post-gadolinum axial T1-weighted images were obtained.

FINDINGS:

The supratentorial brain parenchyma shows normal gray/white matter differentiation. There is no evidence for mass, hemorrhage, contusion, or infarction. There are multiple focal areas of increased signal seen on T2-weighted images within the white matter consistent with small vessel ischemic disease. The ventricles and basal cisterns are normal in size and configuration. Imaging of the posterior fossa shows a normal-appearing cerebellum. The pons shows focal areas of increased signal on T2-weighted images bilaterally. The right sided lesions are larger than the left. When compared with the prior examination from 1/6/98, there has been an interval increase in the size and extension of these lesions. No other focal lesions are demonstrated. Post-contrast scans show no abnormal areas of enhancement.

IMPRESSION: BILATERAL PONTINE INFARCTS, RIGHT SIDE LARGER THAN LEFT. INCREASED IN EXTENT WHEN COMPARED WITH THE PRIOR EXAMINATION FROM 1/6/98.

(continued)

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Dict: 13-Feb-98
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IMAGING REPORT
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MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 12-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

2/18

000082

Patient: [REDACTED]
Date of Examination: 12-Feb-98

Exam #: [REDACTED]

IMPRESSION: (continued - INTERPRETATION OUTSIDE FILMS)
SMALL VESSEL WHITE MATTER ISCHEMIC DISEASE.

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
16:24 / 13-Feb-98

Page 2

Dict: 13-Feb-98
Trans: 13-Feb-98

IMAGING REPORT
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MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 12-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

2/8 [REDACTED]

000083

Patient: [REDACTED]
Date of Examination: 26-Feb-98

Exam #: [REDACTED]

CT SCAN OF THE BRAIN:

CLINICAL HISTORY: Patient is a 41-year-old female
with pontine infarcts.

TECHNIQUE:

Axial routine CT images were obtained from the base of the skull to the vertex at 5 x 5 mm slice thickness and interval. Subsequent images were done at the region of the brainstem at 3 x 3 mm slice thickness and interval.

FINDINGS:

The supratentorial brain parenchyma shows normal gray/white matter differentiation. There is no evidence for mass, hemorrhage, contusion or infarction. The pons shows low density to be present bilaterally, right side greater than left. This is suggestive of infarction. When compared with the prior MRI scan, the region of the low density on the right corresponds to the previously seen infarct on MRI scan. The region of the low density on the left is new and was not seen on the prior MRI scan. There is no evidence for acute hemorrhage. The ventricles are not enlarged. The visualized mastoid air cells and paranasal sinuses are clear.

IMPRESSION: RIGHT PONTINE INFARCT IN SAME REGION OF ABNORMALITY
SEEN ON PRIOR MRI SCAN.

LOW DENSITY ANTERIOR LEFT BELLY OF PONS SUGGESTING
ACUTE INFARCT, NOT SEEN ON PRIOR MRI SCAN.

3/2

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Dict: 26-Feb-98
Trans: 26-Feb-98

IMAGING REPORT
PHYSICIAN COPY

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 26-Feb-98
Acct# [REDACTED] Pt Type: 1
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000084

Patient: [REDACTED]
Date of Examination: 26-Feb-98

Exam #: [REDACTED]

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
12:11 / 27-Feb-98

3/2 [REDACTED]

Page 2

Dict: 26-Feb-98
Trans: 26-Feb-98

I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 26-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000085

[REDACTED]

Patient: [REDACTED]
Date of Examination: 26-Feb-98

[REDACTED]

Exam #: [REDACTED]

MRI OF THE BRAIN:

CLINICAL HISTORY: The patient is a 41-year-old female
with pontine infarcts.

TECHNIQUE:

Axial T1, T2 weighted and FLAIR images of the brain were obtained.
Sagittal T1 weighted images of the brain were also obtained.

FINDINGS:

The study is compared to an outside examination from 2/6/98.

Again noted is the signal change in the right side of the pons.
This is high signal on T1 weighted images and very low signal on
T2 weighted images. This is consistent with an old infarct.

During the interval between scans, the patient has developed an
abnormal signal in the left side of the pons. Associated with
this abnormal high signal is apparent swelling of the left side
of the pons. When compared with the prior examination from
2/6/98, the increased signal is new. This is consistent with
acute infarct of the left side of the pons. The supratentorial
brain parenchyma shows normal gray/white matter differentiation.
There are multiple areas of high signal seen within the white
matter suggestive of small vessel ischemic disease. There is no
evidence for mass or hemorrhage. The ventricles and basal
cisterns are normal in size and configuration. There is normal
signal void seen in the vessels with anterior circulation. There
is high signal seen in the basilar arteries suggestive of basilar
artery occlusion.

The visualized mastoid air cells and paranasal sinuses are clear.
The intraorbital contents are within normal limits.

(cont'd)

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Dict: 26-Feb-98
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[REDACTED]

I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

[REDACTED]

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 26-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000086

Patient: [REDACTED]
Date of Examination: 26-Feb-98

Exam #: [REDACTED]

(continued - MR BRAIN W/O CONTRAST)

IMPRESSION: ACUTE INFARCT, LEFT SIDE OF PONS, NEW WHEN COMPARED
WITH PRIOR EXAMINATION FROM 2/6/98.

NO SIGNIFICANT INTERVAL CHANGE IN OLD INFARCT, RIGHT
SIDE OF PONS.

ABSENCE OF FLOW VOID IN BASILAR ARTERIES SUGGESTING
OCCLUSION.

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above
procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
12:12 / 27-Feb-98

[REDACTED]

3/2 [REDACTED]

Page 2

Dict: 26-Feb-98
Trans: 26-Feb-98

I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 26-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000087

Patient: [REDACTED]
Date of Examination: 09-Apr-98

Exam #: [REDACTED]

MRI OF THE BRAIN:

CLINICAL HISTORY: Stroke.

TECHNIQUE:

Sagittal T1, axial T2, axial T1, and axial FLAIR sequences were obtained.

FINDINGS:

Altered signal intensity is seen in the paramedian aspect of the pons, right greater than left. This is consistent with paramedian infarction. The brain demonstrates normal signal intensity of the gray and white matter, without evidence of ischemia or infarction. No mass effect or midline shift is seen. No ventriculomegaly is identified. No evidence of cerebellar infarction is demonstrated.

The mastoid air cells are clear. The maxillary sinuses are clear as well. The orbital contents are unremarkable.

IMPRESSION: BILATERAL PARAMEDIAN PONTINE INFARCTION, RIGHT GREATER THAN LEFT.

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Dict: 09-Apr-98
Trans: 09-Apr-98

IMAGING REPORT
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MR# [REDACTED] DOB: [REDACTED]
Date of Exam: 09-Apr-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000088

Patient: [REDACTED]
Date of Examination: 09-Apr-98

Exam #: [REDACTED]

dictated: [REDACTED], Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
22:25 / 09-Apr-98

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Dict: 09-Apr-98
Trans: 09-Apr-98

IMAGING REPORT
PHYSICIAN COPY

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 09-Apr-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000089

RADIOLOGISTS

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO
			F	
ORDERING PHYSICIAN	LOCATION			MEDICAL RECORD NO
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO
		41	01/12/98	

REPORT

EXAMS:

BILATERAL CAROTID ANGIOGRAM * -
 CERVICOCEREBRAL (ARCH) * -
 CAROTID, CERVICAL, BILATERAL * -
 VERTEBRAL, INTRACRANIAL ONLY * -
 VERTEBRAL, INTRACRANIAL ONLY * -
 PR/ANGIO:SELECTIVE ARCH 2ND -
 PR/ANGIO:SELECTIVE ARCH 2ND -
 PR/ANGIO:SELECTIVE ARCH 2ND -
 PR/ANGIO:SELECTIVE ARCH 3RD -

CAROTID AND VERTEBRAL ANGIOGRAM:

Following local anesthesia, the right femoral artery was catheterized with a 5 French head hunter catheter using Seldinger technique. Injections were made into the aortic arch, the vertebral arteries, and into each common and internal carotid artery using water soluble nonionic contrast.

Findings:

There are no occlusions of the carotid or vertebral arteries. There is no evidence of vasculitis in the intracerebral or extra-cerebral vasculature.

There are two focal contour defects within the basilar artery. Neither of these causes hemodynamically significant stenosis of the vessel. There is minimal focal widening of the mid basilar artery having the appearance of an ectasia rather than a focal aneurysm.

The patient tolerated the procedure well and the angiography suite without complication.

IMPRESSION:

NO AREAS SUGGESTIVE OF VASCULITIS OR HEMODYNAMICALLY SIGNIFICANT STENOSIS. THERE IS SOME MILD IRREGULARITY OF THE

RADIOLOGISTS

LAST NAME

FIRST NAME

MIDDLE NAME

SEX

ACCOUNT NO

ORDERING PHYSICIAN

LOCATION

MEDICAL RECORD NO

REFERRING PHYSICIAN

DOB

AGE

DATE OF EXAM

RADIOLOGY NO

F

41

01/12/98

REPORT

EXAMS:

BILATERAL CAROTID ANGIOGRAM *
CERVICOCEREBRAL (ARCH) *
CAROTID, CERVICAL, BILATERAL *
VERTEBRAL, INTRACRANIAL ONLY *
VERTEBRAL, INTRACRANIAL ONLY *
PR/ANGIO:SELECTIVE ARCH 2ND -
PR/ANGIO:SELECTIVE ARCH 2ND -
PR/ANGIO:SELECTIVE ARCH 2ND -
PR/ANGIO:SELECTIVE ARCH 3RD -

(CONTINUATION)

BASILAR ARTERY RAISING A QUESTION OF OLD SUBIMTIMAL INJURY.

CC: MD; MD; MD

TECHNOLOGIST:

TRANSCRIBED DATE/TIME: 01/12/98 1512

TRANSCRIPTIONIST: BATCH NO:

PRINTED DATE/TIME: 01/12/98 1512

M.D.

Patient: [REDACTED]
Date of Examination: 12-Feb-98

Exam #: [REDACTED]

INTERPRETATION OF OUTSIDE FILMS - CEREBRAL ANGIOGRAM:

CLINICAL HISTORY: The patient is a 41-year old female with multiple strokes.

PROCEDURE:

Interpretation of outside cerebral angiogram, dated 01-12-98 at [REDACTED]

FINDINGS:

Limited imaging of the right and left carotid bifurcation shows no evidence for stenosis or atherosclerotic vascular disease.

Right internal carotid artery injection shows a normal appearing distal right internal carotid artery. The right internal carotid artery branches normally into anterior and middle cerebral arteries. The distal branches of the anterior and middle cerebral arteries are normal in appearance. There is no evidence for aneurysm or vascular malformation. The arteries show normal caliber.

Left internal carotid artery injection shows a normal bifurcation into the anterior and middle cerebral arteries. The distal branches of the left anterior and middle cerebral arteries are normal in appearance. There is no evidence for aneurysm or vascular malformation. There is no evidence for focal stenosis.

Left vertebral artery injection shows a normal appearing distal left vertebral artery. The basilar artery has multiple focal areas of narrowing which may represent focal vascular spasm vs. atherosclerotic vascular disease. The right posterior cerebral artery is better opacified than the left. No definite areas of irregularity are seen in the posterior cerebral artery.

(cont'd)

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Dict: 12-Feb-98
Trans: 14-Feb-98

I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 12-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000092

Patient: [REDACTED]
Date of Examination: 12-Feb-98

Exam #: [REDACTED]

(continued - ADDENDUM)

IMPRESSION: FOCAL AREAS OF NARROWING WITHIN BASILAR ARTERY.
VASCULAR SPASM OR VASCULITIS VS. ATHEROSCLEROTIC
VASCULAR DISEASE.

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above
procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
13:30 / 20-Feb-98

Page 2

Dict: 12-Feb-98
Trans: 14-Feb-98

I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 12-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000093

Patient: [REDACTED]
Date of Examination: 17-Feb-98

Exam #: [REDACTED]

MR ANGIOGRAM:

CLINICAL HISTORY: The patient is a 41-year-old female
with pontine infarcts.

TECHNIQUE:

3-D Time-of-Flight MR angiogram of the distal cervical vessels and
proximal intracranial vessels was obtained.

FINDINGS:

Bilateral distal internal carotid arteries are normal in caliber.
Narrowing is seen of the proximal branches of the bilateral middle
and anterior cerebral arteries. Filling is also seen of the
bilateral posterior cerebral arteries. These appear to fill via
the posterior communicating arteries. The mid to distal basilar
artery is not visualized. This is consistent with no flow in the
mid to distal basilar artery. The distal vertebral arteries show
flow to be present.

IMPRESSION: NO FLOW SEEN IN THE MID TO DISTAL BASILAR ARTERY,
CONSISTENT WITH BASILAR ARTERY OCCLUSION. ETIOLOGY
MAY BE A THROMBOTIC EVENT VS. DISSECTION.

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above
procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
09:10 / 19-Feb-98

Dict: 18-Feb-98
Trans: 18-Feb-98

I M A G I N G R E P O R T
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4/27 [REDACTED]
MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 17-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000094

Patient: [REDACTED]
Date of Examination: 18-Feb-98

Exam #: [REDACTED]

CEREBRAL ANGIOGRAM:

CLINICAL HISTORY: Patient is a 41-year-old female with a history of multiple pontine cerebrovascular accidents. MR angiogram shows possible occlusion of the basilar artery.

TECHNIQUE:

After informed consent was obtained from the patient, the patient's right groin was prepped and draped in a sterile manner. Using a single wall needle and Seldinger technique, the right femoral artery was punctured and a 5 French, 45 degree angled catheter was advanced over a wire. The left vertebral artery was selectively catheterized. AP, lateral and oblique angiographic images of the intracranial circulation were obtained with left vertebral artery injection. The catheter was then removed and manual pressure was held on the patient's groin for twenty minutes. The patient tolerated the procedure well without complications.

FINDINGS:

The study is compared with the prior angiogram from [REDACTED] done 1/12/98.

The distal bilateral vertebral arteries are normal in caliber. The proximal basilar artery shows irregularity in its contour toward the mid portion. There is a focal area of narrowing just inferior to the origin of the anterior inferior cerebellar artery. The basilar artery then shows near complete occlusion. There is a small focal collection of contrast seen distal to the near complete occlusion, which has tapered superior and inferior ends. Distal to this focal collection of contrast, there is complete

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MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 18-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000095

Patient: [REDACTED]
Date of Examination: 18-Feb-98

Exam #: [REDACTED]

(continued - IR-VERTEBRAL UNILATERAL CATH)
occlusion of the basilar artery with no distal branches or distal perfusion demonstrated. Reflux is seen down the right vertebral artery which is normal in caliber. The bilateral posterior inferior cerebellar arteries are normal in appearance.

STATISTICS:

Estimated blood loss: less than 5 cc.
Contrast: 30 cc of Optiray-320.
Fluoroscopy time: 1.5 minutes.

IMPRESSION: COMPLETE OCCLUSION, MID BASILAR ARTERY WITH TAPERED END.

FOCAL COLLECTION JUST PROXIMAL TO COMPLETE OCCLUSION WITH TAPERED SUPERIOR AND INFERIOR ENDS.

IRREGULARITY OF MID PORTION OF BASILAR ARTERY JUST PROXIMAL TO THE ANTERIOR INFERIOR CEREBELLAR ARTERY ORIGIN.

THESE FINDINGS ARE CONSISTENT WITH COMPLETE OCCLUSION, POSSIBLY SECONDARY TO A THROMBOTIC EVENT VS. A DISSECTION.

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I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 18-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000096

Patient: [REDACTED]
Date of Examination: 18-Feb-98

Exam #: [REDACTED]

dictated: [REDACTED] M.D., Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
12:27 / 19-Feb-98

[REDACTED]

[REDACTED]

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Dict: 18-Feb-98
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I M A G I N G R E P O R T
P H Y S I C I A N C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 18-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000097

Patient: [REDACTED]
Date of Examination: 26-Feb-98

Exam #: [REDACTED]

MR ANGIOGRAM:

CLINICAL HISTORY: Patient is a 41-year-old female with
pontine infarcts.

TECHNIQUE:

MR angiogram of the distal cervical and intracranial vasculature was obtained. The study is compared to a prior outside examination from 2/17/98.

FINDINGS:

The visualized portions of the bilateral internal carotid arteries and anterior intracranial circulation continue to show normal appearing flow. Flow is seen in the bilateral anterior, middle and posterior cerebral arteries.

Minimal flow is currently seen in the bilateral vertebral arteries. There are large portions of the bilateral vertebral arteries which do not exhibit flow. Minimal flow is seen in the most proximal portion of the basilar artery. The amount of flow is significantly decreased when compared with the prior outside examination from 2/17/98.

IMPRESSION: SIGNIFICANT INTERVAL DECREASE IN AMOUNT OF FLOW,
DISTAL BILATERAL VERTEBRAL ARTERIES AND BASILAR ARTERY
COMPARED WITH THE PRIOR EXAMINATION FROM 2/17/98.
THIS SUGGESTS OCCLUSION OF BASILAR AND DISTAL
VERTEBRAL ARTERIES, POSSIBLY SECONDARY TO VASCULITIS.

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Dict: 26-Feb-98
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I M A G I N G R E P O R T
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MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 26-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000098

Patient: [REDACTED]
Date of Examination: 26-Feb-98

Exam #: [REDACTED]

dictated: [REDACTED], M.D., Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
12:11 / 27-Feb-98

[REDACTED]

Page 2

Dict: 26-Feb-98
Trans: 26-Feb-98

I M A G I N G R E P O R T
C H A R T C O P Y

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 26-Feb-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED] MD

000099

Patient: [REDACTED]
Date of Examination: 09-Mar-98

Exam #: [REDACTED]

MRA:

CLINICAL HISTORY: Pontine CVA.

TECHNIQUE:

3D MRA, 3D phase contrast angiography of the cerebral vasculature was performed.

FINDINGS:

Only a very small segment of basilar artery, measuring less than 1 cm, is visualized. Otherwise, the remaining portion of the basilar artery and distal vertebral arteries are not visualized, consistent with occlusion.

The internal carotid arteries and their major branch vessels are visualized and appear patent. There is visualization of the posterior cerebral arteries present bilaterally, most likely via PCOM arteries.

IMPRESSION: NONVISUALIZATION OF THE DISTAL VERTEBRAL ARTERIES.

NONVISUALIZATION OF BASILAR ARTERY WITH THE EXCEPTION
OF A SMALL SEGMENT MEASURING LESS THAN 1 CM.

Page 1

Dict: 09-Mar-98
Trans: 09-Mar-98

IMAGING REPORT
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MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 09-Mar-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys [REDACTED] MD

000100

Patient: [REDACTED]
Date of Examination: 09-Mar-98

Exam #: [REDACTED]

dictated: [REDACTED] Radiology Resident

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

cosigned: [REDACTED] M.D., Attending Radiologist
17:23 / 10-Mar-98

Page 2

Dict: 09-Mar-98
Trans: 09-Mar-98

IMAGING REPORT
CHART COPY

MR# : [REDACTED] DOB: [REDACTED]
Date of Exam: 09-Mar-98
Acct# [REDACTED] Pt Type: [REDACTED]
Room: [REDACTED]
Ref Phys: [REDACTED]

000101

[REDACTED]

M.R. UNIT #: [REDACTED]

DATE OF STUDY: 12/26/97
DATE OF BIRTH: [REDACTED]
SEX: F
DICTATING PHYSICIAN: [REDACTED] M.D.
ADMITTING PHYSICIAN: [REDACTED] M.D.

ECHOCARDIOGRAM REPORT

1. Left ventricular diameter is normal at 4.6 cm in end-diastole and 3.0 in end-systole. The left ventricular ejection fraction is 63% and segmental contractility appears to be good. There was mild localized hypertrophy.
2. The left atrial diameter is normal in dimension.
3. The right ventricular diameter, wall thickness and contractility appear to be normal.
4. Atrial and ventricular septums appear to be intact.
5. No significant pericardial effusion.
6. The aortic root diameter measurement is normal.
7. The aortic valve appears to be a symmetric three leaflet aortic valve. The non-coronary cusp had a little bit of increased echocardiogram density, but this does not have the appearance of vegetation to me. There is no evidence of aortic stenosis or insufficiency.
8. The mitral valve is of normal thickness. There is normal mitral valve opening. There is no stenosis. There is no prolapse present. There is trace mitral insufficiency.
9. Tricuspid valve is anatomically normal in location. There is no stenosis. There is trace insufficiency. Velocity of the TR is barely measurable and appears to be normal.
10. Pulmonic valve doppler was unremarkable.

Page 1 of 2
ORIGINAL

ECHOCARDIOGRAM

PATIENT: [REDACTED]
MRU#: [REDACTED] ROOM: [REDACTED]
ACCT#: [REDACTED]
PHYSICIAN: [REDACTED] M.D.

000102



CONCLUSIONS

1. Normal left ventricular diameter with some very mild localized hypertrophy and normal systolic contractility.
2. Minor increased echo density of the non-coronary cusp of the aortic valve without evidence of stenosis or insufficiency.
3. Trace mitral insufficiency and tricuspid insufficiency without evidence of elevation of right ventricular systolic pressure.



D: 12/29/97 16:23
T: 12/30/97 10:48

M.D.

Page 2 of 2
ORIGINAL

ECHOCARDIOGRAM

PATIENT:



MRU#:



ROOM:



ACCT#:



PHYSICIAN:



M.D.

000103

ECHOCARDIOGRAPHIC REPORT

DATE OF STUDY: 2.11.98

INDICATIONS FOR STUDY: S/P Stroke, T.I.A; left parietal infarct

Age: 41 Sex: M F X Height 5-6
Weight: 150 BSA: 1.6 Tech: [REDACTED]

FINDINGS:

2-D Echocardiogram:

1. The left ventricular cavity is normal in size. Left ventricular function and wall motion are normal.
2. The aortic root and left atrium are normal.
3. Mitral valve is normal. Aortic valve is normal.
4. The right ventricle, tricuspid valve and right atrium are normal.
5. There are no intracardiac masses seen.
6. There is no pericardial effusion.

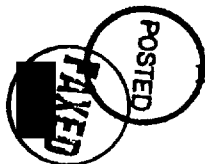
DOPPLER ECHOCARDIOGRAM:

1. [REDACTED] There is no mitral regurgitation.
2. [REDACTED] Tricuspid regurgitation was ~~not~~ noted.
3. [REDACTED] There is no evidence of aortic regurgitation.
4. There is no evidence of valvular stenosis.
5. An intracardiac shunt was not seen.

CONCLUSION:

No intracardiac masses seen.

PRELIMINARY
REPORT



ECHOCARDIOGRAPHIC FINDINGS

000104

ECHOCARDIOGRAPHIC REPORT

DATE OF STUDY: 2/11/98

INDICATIONS FOR STUDY: Status post stroke, TIA.

Age: 41 Sex: M F X Height 5'6"
Weight: 150 BSA: 1.6 Tech: [REDACTED]

FINDINGS:

2-D Echocardiogram:

1. The left ventricular cavity is normal in size. Left ventricular function and wall motion are normal.
2. The aortic root and left atrium are normal.
3. Mitral valve is normal. Aortic valve is normal.
4. The right ventricle, tricuspid valve and right atrium are normal.
5. There are no intracardiac masses seen.
6. There is no pericardial effusion.

DOPPLER ECHOCARDIOGRAM:

1. There is no mitral regurgitation.
2. Trace tricuspid regurgitation was noted.
3. There is no evidence of aortic regurgitation.
4. There is no evidence of valvular stenosis.
5. An intracardiac shunt was not seen.

CONCLUSION:

No intracardiac masses seen.

[REDACTED]
[REDACTED] M.D.

[REDACTED]
R 2/12/98
T 2/13/98
EXAM DATE: 2/11/98
[REDACTED]

RADIOLOGISTS

RADIOLOGISTS

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO
			F	
ORDERING PHYSICIAN	LOCATION		MEDICAL RECORD NO	
	R.			
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO
		41	12/26/97	

REPORT

EXAMS: CAROTID DUPLEX SCAN -

COLOR CAROTID DOPPLER DUPLEX:

HISTORY: Stroke. Left side affected.

Color visualization, longitudinal, and transverse real time images of the carotid arteries, doppler flow curves, peak velocities and spectral distribution are recorded.

There is antegrade flow. There is minimal plaque. The velocities are normal. The diastolic velocities are higher than usual at about 50. This is most likely related to hypertension. The IC/CC ratio is 1.0 on the right and 0.89 on the left.

CONCLUSION:

NORMAL CAROTID ULTRASOUND.

CC: MD

CODE:

TECHNOLOGIST: 0910

TRANSCRIBED DATE/TIME: 12/27/97

TRANSCRIPTIONIST: BATCH NO

PRINTED DATE/TIME: 12/27/97 0925

M.D.

RADIOLOGISTS

RADIOLOGISTS

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	ACCOUNT NO
			F	
ORDERING PHYSICIAN	LOCATION			MEDICAL RECORD NO
REFERRING PHYSICIAN	DOB	AGE	DATE OF EXAM	RADIOLOGY NO
		41	01/09/98	

REPORT

EXAMS:

VIDEO FLUORO/SPEECH PATHOLOGY -

VIDEO FLUOROSCOPY/SPEECH PATHOLOGY:

Video fluoroscopy was performed while the patient swallowed thin and thick liquids, honey, and nectar consistency liquid as well as solid material.

Findings:

There is noted to be mild aspiration with thin and thick liquids. There was no aspiration noted with honey consistency.

An additional report will follow from the Speech Pathology Department.

CONCLUSION:

MILD ASPIRATION WITH THIN AND THICK LIQUIDS. NO ASPIRATION WAS NOTED WITH HONEY CONSISTENCY.

CC: MD; MD

CODE:

TECHNOLOGIST: 1406

TRANSCRIBED DATE/TIME: 01/09/98

TRANSCRIPTIONIST: BATCH NO:

PRINTED DATE/TIME: 01/09/98 1443

PAGE 1

CHART COPY

M.D.

000107

RADIOLOGISTS

RADIOLOGISTS

LAST NAME

FIRST NAME

MIDDLE NAME

SEX

ACCOUNT NO

ORDERING PHYSICIAN

LOCATION

MEDICAL RECORD NO

REFERRING PHYSICIAN

DOB

AGE

DATE OF EXAM

RADIOLOGY NO

F

41

01/14/98

REPORT

EXAMS:

VIDEO FLUORO/SPEECH PATHOLOGY -

VIDEO FLUOROSCOPY:

Examination was performed as the patient ingested thin and thick liquid barium, barium mixed with meat and paste barium on a cookie.

There was some penetration of fluid into the vestibule which appeared to be corrected with the head and neck flexed. There was some retention of contrast within the vallecula and piriform sinuses.

A more detailed report will follow from Speech Pathology.

CC: MD

CODE:

TECHNOLOGIST:

TRANSCRIBED DATE/TIME: 01/14/98 1445

TRANSCRIPTIONIST: BATCH NO:

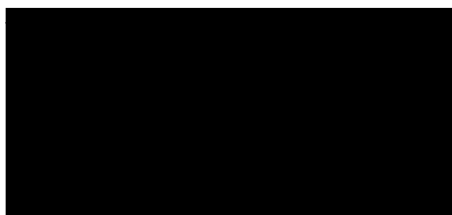
PRINTED DATE/TIME: 01/14/98 1453

M.D.

PAGE 1

CHART COPY

000108



PRELIMINARY REPORT

Date of Study: 3-1-98
Patient: [REDACTED]
Referring Physician: [REDACTED]
Type of Study: TCD

FINDINGS:

Mean velocities (cm/sec)

	(R)	(L)
MCA	71	69
ACA	37	47
PCA	28	42
B vertebral	11 ("thump")	8 ("thump")

BA 9 ("thump") - may be artifact

Results to Dr. [REDACTED]

[REDACTED]
Vascular Technologist

FINAL PHYSICIAN REVIEW PENDING - FULL REPORT TO FOLLOW

000109

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 03/01/88

TIME: 12:23:00 PM

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

DIAGNOSIS: Stroke X 4

Hct:

pCO2:

HR: 103

BP: 122/73

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH:	55	65		70	50	60		60
PEAK VEL:	99	50		44	102	73		69
MEAN VEL:	71	37		26	73	47		42
PI:	0.73	0.59		0.98	0.66	0.89		1.45
FLOW DIR:	T	A		T	T	A		T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH:	75	70					
PEAK VEL:	17	14					
MEAN VEL:	11	8					
PI:	1.16	2.28					
FLOW DIR:	A	A					

000110

ID: [REDACTED] DATE: 03/01/98

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for the following vessels: left and right anterior, middle and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Velocities were at the upper edge of normal in both middle cerebral arteries, and were in the low to low-normal range in the anterior cerebral arteries. Posterior cerebral artery velocities were in the low-normal range on the right, and in the high-normal range on the left. Conclusion: this study reveals high-normal middle cerebral artery velocities indicative of mild hyperemia. The posterior cerebral arteries demonstrated adequate flow bilaterally, with greater flow on the left.

ORBITAL WINDOW REPORT:

Not performed.

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 80 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all of the above vessels. Blood flow was antegrade throughout all arteries insonated. Velocities were very low throughout all three vessels, with markedly elevated pulsatility. Conclusion: this study reveals very slow flow through the vertebral and basilar arteries, indicative of distal basilar high resistance. An occlusion cannot be ruled out; continued flow seen in the proximal basilar could be allowed via the superior cerebellar and anterior inferior cerebellar arteries. Attempts to insonate the posterior communicating arteries from the temporal windows can indicate if posterior cerebral artery blood flow is predominantly through the carotid or basilar circulation.

[REDACTED]
Department of Neurology

000111

PRELIMINARY REPORT

Date of Study:

3-2-98

Patient:

Referring Physician:

Dr.

Type of Study:

TCD

FINDINGS:

mean velocities (cm/sec)

(R)

(L)

MCA

66

66

ACA

42

41

PCA

38

~~42~~ 34

VA

ex ICA

- unable to insonate, pt. excited
after basilar artery
inonation

41

45

(Basilar)

Followed
from 3cm → 10.5cm
deep.

Vascular Technologist

FINAL PHYSICIAN REVIEW PENDING - FULL REPORT TO FOLLOW

000112

TRANSKRANIAL DOPPLER EXAMINATION

ID: [REDACTED]

DATE: 03/02/08

TIME: 6:00:00 PM

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

DIAGNOSIS: Pontine Infarct, basilar artery vasculitis

Hct: 33.3

pCO2:

Hr: 90

BP:

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA
DEPTH:	50	65		65
PEAK VEL:	102	62		59
MEAN VEL:	68	42		38
PI:	0.83	0.7		1.39
FLOW DIR:	T	A		T

	MCA	ACA	ICA	PCA
DEPTH:	55	60		60
PEAK VEL:	95	59		56
MEAN VEL:	68	41		36
PI:	0.79	0.8		0.83
FLOW DIR:	T	A		T

FORAMEN MAGNUM WINDOW

	RVA	LVA	BA
DEPTH:			100
PEAK VEL:			69
MEAN VEL:			45
PI:			0.88
FLOW DIR:			A

ORBITAL WINDOW

	ROA	RICA	LOA	LICA
DEPTH:				
PEAK VEL:				
MEAN VEL:				
PI:				
FLOW DIR:				

000113

ID: [REDACTED]

DATE: 03/02/98

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Velocities were on the high end of normal range in the middle cerebral arteries, and were otherwise normal range throughout, with fairly normal pulsatility. Conclusion: this temporal window study is within normal limits.

ORBITAL WINDOW REPORT:

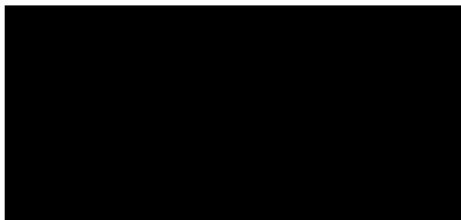
Not performed.

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded only for the basilar artery. Velocities were significantly higher than in the previous study of 03/01/98, in normal range. Wave forms were particularly sharpened with a high rate of velocity acceleration. Conclusion: this study is limited due to the lack of vertebral artery signals. Antegrade flow in the basilar artery suggests at least unilateral vertebral artery patency. Basilar artery signals indicate improved flow from the previous studies, but wave forms suggest possible narrowing in the mid-basilar region despite normal velocities. Patency of the basilar tip may be monitored by tracking posterior communicating artery signals.

[REDACTED]
Department of Neurology

000114



PRELIMINARY REPORT

Date of Study: 3-3-98
Patient: [REDACTED]
Referring Physician: Dr. [REDACTED]
Type of Study: TCD

FINDINGS:

mean velocities (cm/sec)

	(R)	(L)	
MCA	66	71	
ACA	50	37	
PCA	26	34	
[REDACTED]			
VA	14	13	← low velocities but appears to be opening

BA 45

[REDACTED]
Vascular Technologist

FINAL PHYSICIAN REVIEW PENDING - FULL REPORT TO FOLLOW

000115

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 03/03/88

TIME: 4:53:00 PM

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

DIAGNOSIS: Pontine infarct, basilar artery vasculitis

Mct:	pCO2:
HR: 104	BP: 122/81

TEMPORAL WINDOW

RIGHT

	MCA	ACA	ICA	PCA
DEPTH:	50	65		65
PEAK VEL:	97	66		38
MEAN VEL:	66	45		28
PI:	0.97	1.08		0.58
FLOW DIR:	T	A		T

LEFT

	MCA	ACA	ICA	PCA
DEPTH:	55	65		65
PEAK VEL:	101	58		45
MEAN VEL:	71	37		34
PI:	0.91	0.98		0.66
FLOW DIR:	T	A		T

FORAMEN MAGNUM WINDOW

	RVA	LVA	BA
DEPTH:	65	65	100
PEAK VEL:	23	19	59
MEAN VEL:	14	13	45
PI:	1.21	1.25	0.61
FLOW DIR:	A	A	A

ORBITAL WINDOW

	ROA	RICA	LOA	LICA
DEPTH:				
PEAK VEL:				
MEAN VEL:				
PI:				
FLOW DIR:				

ID: [REDACTED]

DATE: 03/03/88

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Velocities were on the high end of normal range in the middle cerebral arteries, and were otherwise in normal range throughout, with fairly normal pulsatility. Conclusion: this temporal window study is within normal limits

ORBITAL WINDOW REPORT:

Not performed.

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Blood flow was antegrade throughout. Velocities were very low in the vertebral arteries, with high-normal pulsatility. Basilar artery velocities were normal, essentially unchanged, with low-normal pulsatility. Accelerations and decelerations were not as sharp as in the previous study. Conclusion: this study reveals continued slow flow through the vertebral arteries indicative of partial obstruction. Basilar artery flow appears relatively normal to 105 mm. A stenotic artery despite low supply from the vertebral arteries may also give "false normal" velocities. Outflow through the superior cerebellar arteries may still mask basilar tip obstruction; posterior communicating artery signals may be followed to determine if the terminal basilar artery is patent.

[REDACTED]
[REDACTED]
Department of Neurology

000117

OL. [REDACTED]

TCD

100

(R)

②

64

57

66

33

28

39

45

34

BA

41

Last day for TCD

7

000118

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 03/04/98

TIME: 4:33:00 PM

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

DIAGNOSIS: Pontine infarcts, basilar artery vasculitis

Hct:

pCO2:

HR: 97-114

BP: 137/77

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH:	55	60		70	55	70		60
PEAK VEL:	96	95		42	85	48		60
MEAN VEL:	64	71		28	57	33		39
PI:	0.58	0.57		0.78	0.77	0.74		1.54
FLOW DIR:	T	A		T	T	A		T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH:	70	65	95				
PEAK VEL:	72	65	64				
MEAN VEL:	45	34	41				
PI:	0.82	0.83	0.81				
FLOW DIR:	A	A	A				

000119

ID: [REDACTED]

DATE: 03/04/88

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Velocities were on the high end of normal range in the middle cerebral arteries, slightly above normal in the right anterior cerebral artery, modestly below normal in the left anterior cerebral artery, at the low end of normal in the right posterior cerebral artery, and normal in the left posterior cerebral artery. Conclusion: this study does not reveal [REDACTED] evidence for focal stenosis or spasm in the anterior vessels, but does suggest a modest hyperemia in the right anterior and middle cerebral arteries. Blood flow remains adequate in the posterior cerebral arteries.

ORBITAL WINDOW REPORT:

Not performed.

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Blood flow was antegrade throughout, but biphasic signals were seen with basilar artery insonation at 95 mm, with the retrograde signal having a very blunted peak. Velocities were normal in the vertebral arteries, with turbulent wave forms. Basilar artery velocities remained essentially unchanged proximally, in the low-to-mid normal range, but more distally were modestly lowered. Pulsatility was normal and consistent throughout. Conclusion: this study suggests improved blood flow in the vertebral arteries. Basilar flow distally was modestly decreased from previous studies. The retrograde signal at 95 mm may represent collateral flow into the basilar through one of its major branches.

[REDACTED]
[REDACTED] M.D.

Department of Neurology

000120

PRELIMINARY REPORT

Date of Study: 3-9-98

Patient: [REDACTED]

Referring Physician: Dr. [REDACTED]

Type of Study: TCD

FINDINGS:

Mean velocities (cm/sec)

	(R)	(L)
MCA	55	52 ✓
ACA	41	32 ✓
	26	32
PCA	48	39 ✓
PCOM		
VA	0	0

(?) BA 23 (?)
↑
could be branch, unsure

[REDACTED]
Vascular Technologist

FINAL PHYSICIAN REVIEW PENDING - FULL REPORT TO FOLLOW

000121

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 03/09/98

TIME: 7:00:00 AM

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

DIAGNOSIS: Basilar and Vertebral occlusion

Hct:

pCO2:

HR: 98

BP: 141/91

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH	50	60		65	55	85		65
PEAK VEL	83	63		38	82	47		42
MEAN VEL	55	41		26	52	32		32
PI	0.85	0.89		0.75	0.85	0.93		0.58
FLOW DIR:	T	A		T	T	A		T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH	75	70	95				
PEAK VEL	14	11	60				
MEAN VEL	4	5	39				
PI	2.73	2.32	0.85				
FLOW DIR:	A	A	A				

ID: [REDACTED] DATE 03/09/98

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Recorded mean velocities were in the normal range for the middle cerebral arteries, at the low end of normal in the right anterior cerebral artery, and slightly below normal range in the left anterior cerebral artery. Posterior cerebral artery velocities were within normal limits. Pulsatility was low-to-normal throughout. Posterior flow was detected in the posterior communicating arteries bilaterally, with greater velocities on the left. Conclusion: this study reveals normal posterior cerebral artery flow, and generally unremarkable patterns anteriorly. There is evidence of posterior communicating artery flow bilaterally indicative of continued lack of patency of the distal basilar artery.

ORBITAL WINDOW REPORT:

Not performed [REDACTED]

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Blood flow was antegrade throughout. Velocities were extremely low in the vertebral arteries, largely decreased from the previous study of 03/04. Basilar artery velocities were at the low end of normal, which were moderately decreased from the previous study. Conclusion: this study reveals evidence for very little flow through the vertebral arteries, as well as very poor flow proximally in the basilar artery, with an area of low flow in its mid-portion. Along with high pulsatility in the vertebral arteries, this suggests severe stenosis of the basilar artery and vertebral arteries bilaterally. Improved flow in the mid-basilar portion could be explained by collateral input.

[REDACTED]
Department of Neurology

PRELIMINARY REPORT

Date of Study:

3 - 11-98

Patient:

Referring Physician:

Type of Study:

TCD Study

FINDINGS:

mean velocities (cm/sec)

	<u>RT</u>	<u>LT</u>
MCA	67	67
ACA	73	73 78
PCA	31	27
Vertebral	16	11
Basilar		52

[REDACTED]
Vascular Technologist

RVT

FINAL PHYSICIAN REVIEW PENDING - FULL REPORT TO FOLLOW

000124

TRANSCRANIAL DOPPLER EXAMINATION

ID: 03/11/98

TIME: 7:00.00 AM

PATIENT:

AGE: 41

SEX: F

MR#:

REFERRING PHYSICIAN

LOCATION:

DIAGNOSIS: Basilar and Vertebral occlusion

Hct:

pCO2:

HR:

BP:

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH:	55	60	60	80	55	70	60	65
PEAK VEL:	94	102	69	47	94	100	59	30
MEAN VEL:	67	73	47	31	67	78	44	27
PI:	0.73	0.71	0.84	0.77	0.71	0.59	0.67	0.86
FLOW DIR:	T	A	T	T	T	A	T	T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH:	70	65	100				
PEAK VEL:	23	17	77				
MEAN VEL:	16	11	52				
PI:	0.83	0.94	0.81				
FLOW DIR:	A	A	A				

000125

ID: [REDACTED] DATE: 03/11/98

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries, as well as the terminal portions of bilateral internal carotid arteries. Blood flow was antegrade in all arteries insonated. Recorded mean velocities were moderately higher in the middle and anterior cerebral arteries compared to the previous study of 03/09/98. Velocities were modestly above normal range in the anterior cerebral arteries, and in the high end of normal for middle cerebral artery velocities, while posterior cerebral artery velocities remained in the low-normal range bilaterally. Conclusion: this study reveals modestly increased velocities in general in the anterior circulation, consistent with hyperemia. Other general hemodynamic and rheologic factors may be responsible. Posterior communicating artery signals were not obtained from this study to provide information about collateral flow to the posterior cerebral arteries.

ORBITAL WINDOW REPORT:

Not performed

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Blood flow was antegrade throughout. Velocities were still well below normal in the vertebral arteries, but notably increased from the previous study of 03/09. Pulsatility in these vessels was also normalized. Biphasic signals in the vertebral and proximal basilar studies suggest possible collateral input. Basilar artery velocities were also increased from the previous study, and were within normal limits distally, with fairly normal waveforms.

Conclusion: This study reveals improved, but still low velocities throughout the vertebral and basilar arteries. This may be due, at least in part, to general hemodynamic factors. However, basilar artery waveforms also appeared more normal in this study, and could indicate that, even through collateral flow, patency has improved in recent days.

[REDACTED]
[REDACTED]
Department of Neurology

000126

PRELIMINARY REPORT

Date of Study: 3-13-98
Patient: [REDACTED]
Referring Physician: Dr. [REDACTED]
Type of Study: TCD

FINDINGS:

Mean velocities (cm/sec)

	(R)	(L)
MCA	58	63
ACA	34	56
PCA	19	29
VA	22 15	11 ← better signal

↑
not able to be followed.

BA 48
↑
could be branch

[REDACTED]
Vascular Technologist

FINAL PHYSICIAN REVIEW PENDING - FULL REPORT TO FOLLOW

000127

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 03/13/98

TIME: 6:34:00 PM

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

Hct:

pCO2:

DIAGNOSIS: Pontine infarcts, basilar a. vasculitis

HR: 94

BP: 131/76

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH	50	65		65	45	75		65
PEAK VEL	85	53		27	91	85		41
MEAN VEL	58	34		19	59	55		28
PI	0.78	0.97		0.78	0.84	0.78		0.74
FLOW DIR	T	A		T	T	A		T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH	65	70	105				
PEAK VEL	45	17	75				
MEAN VEL	22	11	48				
PI	1.7	0.84	0.8				
FLOW DIR	A	A	A				

000128

ID. [REDACTED] DATE: 03/13/98

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Recorded mean velocities were in the normal range throughout the left side. On the right, the middle cerebral artery velocities were in normal range. Anterior cerebral artery velocities were slightly low, and posterior cerebral artery velocities were moderately low, slightly less than in the previous study of 03/11/98. Conclusion: this study does not reveal evidence of focal spasm or stenosis in the areas insonated. Right posterior cerebral artery velocities continued to be somewhat lower. This trend should be followed carefully

ORBITAL WINDOW REPORT:

Not performed

FORAMEN MAGNUM [REDACTED] WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Blood flow was antegrade throughout. Velocities were essentially unchanged in the vertebral arteries, still quite low. The right-sided recorded velocities were overestimated by automation. Also, biphasic signals were seen at the right vertebral artery, as well as the mid- and distal basilar arteries, suggesting collateral contribution to these vessels. Posterior communicating artery flow bilaterally still indicates an occluded distal basilar artery.

[REDACTED]
[REDACTED]
Department of Neurology

000129

PRELIMINARY REPORT

Date of Study: 3-17-98

Patient: [REDACTED]

Referring Physician: [REDACTED]

Type of Study: TCD Study

FINDINGS:

	Mean Velocities (cm/sec)	
	<u>Rt</u>	<u>Lt</u>
MCA	63	63
ACA	69	66
PCA	29	26
Vertebral	28	35
Basilar	50 (? basilar artery)	

[REDACTED]
Vascular Technologist

FINAL PHYSICIAN REVIEW PENDING - FULL REPORT TO FOLLOW

000130

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 03/17/98

TIME: 4:07:00 PM

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

Hct: [REDACTED]

pCO2: [REDACTED]

DIAGNOSIS: Vasculitis

HR: [REDACTED]

BP: [REDACTED]

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH	50	65	60	60	50	85	60	80
PEAK VLL	85	95	67	44	84	88	71	41
MEAN VEL	63	69	45	29	63	66	48	26
PI	0.74	0.68	0.77	0.9	0.77	0.68	0.76	0.94
FLOW DIR	T	A	T	T	T	A	T	T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH	65	65	100				
PEAK VEL	40	51	79				
MEAN VEL	26	35	60				
PI	0.7	0.83	1.18				
FLOW DIR:	A	A	A				

000131

ID

DATE: 03/17/88

PATIENT

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries, and the terminal portion of bilateral internal carotid arteries. Blood flow was antegrade in all arteries insonated. Recorded mean velocities were in the high-normal range throughout the anterior and middle cerebral arteries. The terminal carotid and posterior cerebral artery velocities were in the low-normal range. Pulsatility was normal throughout. Conclusion: this is a normal temporal window study.

ORBITAL WINDOW REPORT:

Not performed

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Blood flow was antegrade throughout. Recorded velocities in the vertebral and basilar arteries were within normal limits; however, waveforms were very sharp throughout, especially in the basilar artery and velocities were underestimated in the basilar artery by automated calculations by 10-15 cm/s.

Conclusion: This study reveals some improved flow in the posterior vessels compared to the previous week, however, waveforms and basilar artery velocities suggest stenosis of all vessel remains. Terminal basilar artery patency cannot be concluded from this study; there are no posterior communicating artery signals obtained.

M.D.

Department of Neurology

000132

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 03/27/98 TIME: 2:25:00 PM
 PATIENT: [REDACTED] AGE: 41 SEX: F MR#: [REDACTED]
 REFERRING PHYSICIAN: [REDACTED]
 LOCATION: [REDACTED]
 DIAGNOSIS: Basilar and vertebral artery stenoses, vasculitis

Hct: [REDACTED] pCO2: [REDACTED]
 HR: [REDACTED] BP: [REDACTED]

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH:	65	70		65	55	65		65
PEAK VEL:	90	81		25	94	47		52
MEAN VEL:	59	48		17	59	31		34
PI:	0.91	0.71		0.65	0.94	0.84		0.84
FLOW DIR:	T	A		T	T	A		T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH:	70	75	90				
PEAK VEL:	35	33	59				
MEAN VEL:	25	20	44				
PI:	1.02	1.64	0.59				
FLOW DIR:	A	A	A				

ID: [REDACTED]

DATE: 03/27/88

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for the right middle, anterior and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Recorded mean velocities were in the normal range, with the exception of slightly low velocities in the left anterior cerebral artery and right posterior cerebral artery. Conclusion: this study reveals normal signal patterns in general. Consistent with recent previous studies, the right posterior cerebral artery flow is somewhat slow, but not severely impaired.

ORBITAL WINDOW REPORT:

Not performed.

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels.. Recorded velocities were modestly low in the vertebral arteries, and in the low-normal range in the basilar artery. Bidirectional signals were seen for both vertebral arteries, as well as the basilar artery. The most prominent signals for the basilar artery were clearly antegrade. Waveforms were not sharpened in appearance as in previous studies. Conclusion: this study reveals areas of antegrade flow in the vertebral and basilar arteries, but also demonstrates signals indicative of collateral supply to these vessels. This, in combination with posterior communicating artery signals, indicates that the basilar artery tip is still not patent.

[REDACTED]
[REDACTED] D.
Department of Neurology

000134

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 04/02/98

PATIENT: [REDACTED]

TIME:

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION:

DIAGNOSIS: Basilar and vertebral artery stenoses, vasculitis

Hct:

pCO2:

HR:

BP:

TEMPORAL WINDOW

RIGHT

	MCA	ACA	ICA	PCA
DEPTH:	50	65		70
PEAK VEL:	100	69		25
MEAN VEL:	59	47		17
PI:	0.87	0.75		0.75
FLOW DIR:	T	A		T

LEFT

	MCA	ACA	ICA	PCA
DEPTH:	50	65		60
PEAK VEL:	88	55		47
MEAN VEL:	55	38		29
PI:	0.92	0.81		1.05
FLOW DIR:	T	A		T

FORAMEN MAGNUM WINDOW

	RVA	LVA	BA
DEPTH:	70	75	100
PEAK VEL:	31	39	50
MEAN VEL:	28	25	37
PI:	0.98	0.88	0.5
FLOW DIR:	A	A	A

ORBITAL WINDOW

	ROA	RICA	LOA	LICA
DEPTH:				
PEAK VEL:				
MEAN VEL:				
PI:				
FLOW DIR:				

000135

ID: [REDACTED] DATE: 04/02/88

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for bilateral middle, anterior and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Recorded mean velocities were modestly low for the right posterior and left anterior cerebral arteries. Other vessels demonstrated normal velocities. Pulsatility was normal throughout. Conclusion: this study reveals relatively normal flow patterns in the vessels insonated. The right posterior cerebral artery flow velocities were lower than the left, but not severely decreased.

ORBITAL WINDOW REPORT:

Not performed.



FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Recorded velocities were moderately low for both vertebral arteries, and less prominently so for the basilar artery. Pulsatility was in the low range for the basilar artery. Conclusion: this study reveals modestly low velocities in the basilar and vertebral arteries, similar to the previous study. Waveforms have normalized. The presence of posterior communicating artery signals in the temporal window, right more than left, suggest that the tip of the basilar has not recanalized, but good flow signals in the proximal portion of the basilar suggest that there is prominent flow there, likely from collaterals.



[REDACTED] M.D.

Department of Neurology

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 04/09/98

TIME: [REDACTED]

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

DIAGNOSIS: Basilar and vertebral artery stenoses, vasculitis

Hct: [REDACTED]

pCO2: [REDACTED]

HR: [REDACTED]

BP: [REDACTED]

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH:	50	70	[REDACTED]	60	50	70	[REDACTED]	69
PEAK VEL:	96	109	[REDACTED]	34	82	112	[REDACTED]	41
MEAN VEL:	59	78	[REDACTED]	25	58	83	[REDACTED]	28
PI:	0.91	0.67	[REDACTED]	0.83	0.66	0.6	[REDACTED]	0.93
FLOW DIR:	T	A	[REDACTED]	T	T	A	[REDACTED]	T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH:	65	65	100	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PEAK VEL:	23	45	66	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MEAN VEL:	15	20	42	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PI:	1.04	1.15	0.81	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FLOW DIR:	A	A	A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

000137

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 04/16/98

TIME:

PATIENT: [REDACTED]

AGE: 42

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION:

DIAGNOSIS: Vasculitis

Hct:

pCO2:

HR:

BP:

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH:	50	65		70	45	65		60
PEAK VEL:	88	97		36	78	108		41
MEAN VEL:	58	66		23	56	77		28
PI:	0.91	1.08		1.12	0.82	0.83		0.81
FLOW DIR:	T	A		T	T	A		T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH:	65	65	100				
PEAK VEL:	4	76	72				
MEAN VEL:	36	50	50				
PI:	0.86	0.78	1.09				
FLOW DIR:	A	A	A				

000138

ID: [REDACTED] DATE: 04/16/98

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for the left and right anterior, middle and posterior cerebral arteries, and the terminal portions of bilateral internal carotid arteries. Blood flow was antegrade in all arteries insonated. Recorded velocities were in normal range, with the exception of the left anterior cerebral artery velocities which were slightly above normal, consistent with many of the previous studies. This differs from that of 04/09/97 in that the right anterior cerebral artery velocities were also above normal in that study, but this time were at the upper limits of normal, still higher than that of the middle cerebral artery. Conclusion: this study reveals similar velocity patterns as in the past, with no evidence of stenosis or obstruction. Relatively high velocities in the anterior cerebral arteries suggest that these vessels may be providing collateral flow posteriorly.

ORBITAL WINDOW REPORT:

Not performed

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all vessels. Recorded velocities were at the high end of normal in the left vertebral artery, at the low end of normal in the right vertebral, and [REDACTED] within normal range in the basilar artery. Compared to the previous study, bidirectional signals were very prominent in all vessels, suggesting that they are still being supplied by collaterals.

[REDACTED]
[REDACTED]
Department of Neurology

000139

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 04/30/98

TIME:

PATIENT: [REDACTED]

AGE: 41

SEX: F

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION: [REDACTED]

DIAGNOSIS: Stroke X 4(Basilar Occlusion)

Hct:

pCO2:

HR:

BP:

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA
DEPTH:	50	65		60
PEAK VEL:	97	66		33
MEAN VEL:	61	42		22
PI:	0.99	0.59		0.79
FLOW DIR:	T	A		T

	MCA	ACA	ICA	PCA
DEPTH:	50	75		70
PEAK VEL:	85	82		22
MEAN VEL:	56	55		16
PI:	0.85	0.82		.67
FLOW DIR:	T	A		A

FORAMEN MAGNUM WINDOW

	RVA	LVA	BA
DEPTH:	72	70	
PEAK VEL:	92	25	
MEAN VEL:	45	17	
PI:	1.53	0.72	
FLOW DIR:	A	A	

ORBITAL WINDOW

	ROA	RICA	LOA	LICA
DEPTH:				
PEAK VEL:				
MEAN VEL:				
PI:				
FLOW DIR:				

000140

ID: [REDACTED] DATE: 04/30/88

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for the following vessels: left and right anterior, middle and posterior cerebral arteries. Velocities were within the normal range throughout with somewhat low pulsatility in the right anterior cerebral and left posterior cerebral arteries. Prominent bidirectional signals are evident for both posterior cerebral arteries.

CONCLUSION: This study reveals relatively normal velocities in the vessels studied; there is no evidence for focal stenoses or occlusions. Bidirectional signals for the posterior cerebral arteries suggest that the basilar artery is continuing to receive flow from these vessels in a retrograde fashion.

ORBITAL WINDOW REPORT:

Not performed.

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all of the above vessels. Velocities were in the normal range for the right vertebral artery, and in the moderately low range in the left. Bidirectional signals are seen for the right vertebral artery. No basilar artery signals were found.

CONCLUSION: This study reveals evidence for continued low flow through the left vertebral artery. Flow in the right is relatively better, but there is evidence for this vessel still receiving collateral input. The lack of signals in the basilar artery is a new finding, suggesting possible deterioration of patency of this vessel.

[REDACTED]
[REDACTED] M.D.

Department of Neurology

000141

ID: [REDACTED] DATE: 05/07/98

PATIENT: [REDACTED]

TEMPORAL WINDOW REPORT:

Major basal cerebral arteries of the anterior portion of the circle of Willis were insonated through the temporal bones from depths of 35 to 75 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for the left and right anterior, middle and posterior cerebral arteries. Blood flow was antegrade in all arteries insonated. Velocities were within normal range throughout without major asymmetry. Pulsatility was within normal limits. CONCLUSION: This study is within normal limits.

ORBITAL WINDOW REPORT:

Not performed.

FORAMEN MAGNUM WINDOW REPORT

The basilar artery and bilateral distal vertebral arteries were insonated through the foramen magnum from depths of 60 to 110 mm using a pulsed-wave, 2MHz transcranial Doppler device. Signals were obtained and recorded for all of the above vessels. Velocities were moderately-to-severely low in both vertebral arteries. Pulsatility was high, particularly on the right. The basilar artery demonstrated moderately low velocities proximally, with normal velocities distally. Prominent bidirectional signals were seen in the distal basilar artery and the vertebral arteries. CONCLUSION: This study reveals evidence consistent with persistent vertebral artery stenoses and poor filling of the proximal basilar artery. Bidirectional signals suggest that prominent collateral vessels are feeding the vertebral artery territories and the basilar artery distally.

[REDACTED]
Department of Neurology

000142

TRANSCRANIAL DOPPLER EXAMINATION

ID: [REDACTED] DATE: 05/07/98

TIME: 2:07:00 PM

PATIENT: [REDACTED]

AGE: 0

SEX:

MR#: [REDACTED]

REFERRING PHYSICIAN: [REDACTED]

LOCATION:

DIAGNOSIS: Stroke, X 4 (Posterior Circulation)

Hct:	pCO2:
HR:	BP:

TEMPORAL WINDOW

RIGHT

LEFT

	MCA	ACA	ICA	PCA	MCA	ACA	ICA	PCA
DEPTH:	65	70		60	55	70		60
PEAK VEL:	93	59		45	86	77		58
MEAN VEL:	58	41		32	59	53		33
PI:	0.59	0.78		0.71	0.77	0.74		1.73
FLOW DIR:	T	A		A	T	A		T

FORAMEN MAGNUM WINDOW

ORBITAL WINDOW

	RVA	LVA	BA	ROA	RICA	LOA	LICA
DEPTH:	75	75	108				
PEAK VEL:	23	19	72				
MEAN VEL:	14	10	48				
PI:	1.7	1.29	0.77				
FLOW DIR:	A	A	A				

000143

Memorandum to ARMS # 12888

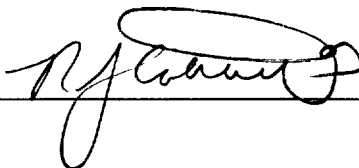
Date: 5/26/99

From: Medical Officer, Clinical Research and Review Staff, Office of Special
Nutritionals, HFS-452

Subject: Medical Records Placed in Permanent Storage. 2 bundles

The following types and amounts of records (more than 20 pages total) were place in permanent storage on this date because they were not considered essential for interpretation of this adverse event.

Approx Pages	Type of Records
<u>2"</u>	Nursing notes
	Dietitian notes
<u>5/8"</u>	Respiratory therapy/occupational therapy/physical therapy notes
	Clergy notes
<u>5/8"</u>	Medication records
<u>3/8"</u>	Physician's orders
<u>1/8"</u>	Vital signs, fluids, input/output records
	Ventilator records
<u>1/4"</u>	Hospital administrative records (e.g., insurance information, living will, etc)



000144

Memorandum to ARMS # 12888

Date: 6/28/99

From: Medical Officer, Clinical Research and Review Staff, Office of Special Nutritionals, HFS-452

Subject: Medical Records Placed in Permanent Storage. Memo #2

The following types and amounts of records (more than 20 pages total) were placed in permanent storage on this date because they were not considered essential for interpretation of this adverse event.

Approx Pages	Type of Records
19	Nursing notes
	Dietitian notes
3/8"	Respiratory therapy/occupational therapy/physical therapy notes
	Clergy notes
	Medication records
	Physician's orders
	Vital signs, fluids, input/output records
	Ventilator records
1	Hospital administrative records (e.g., insurance information, living will, etc)
6	Misc
8	Team/Rehab Notes

K Cheseman
for N Silfman